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Office of Senior Surgeon and Sanitary Commissioner
Mysore Government, 25

Letter No G. 829
Enc.

Dated, Bangalore, 26/27 . 3 1907.

FROM

MAJOR H. E. DRAKE-BROCKMAN, I.M.S.,
Senior Surgeon and Sanitary Commissioner
with the Government of H. H. the Maharaja of Mysore,
BANGALORE.

To

K.S. Chandrasekhara Iyer Esqr. B.A.,B.L.,
Secretary to the Government of H.H. the
Maharaja of Mysore, Genl.& Rev.Deptts.,
Bangalore.

SIR,

In continuation of my letter No. G. 673 dated 2.2.07 forwarding for consideration and sanction of Government a revised and detailed scheme for a Public Health Department for this State, and with reference to the Conference held in the Council Chamber on Saturday March -- 16th, I beg herewith to forward a list of certain items which were revised in consultation at the time with regard to the pay of certain officials, ultimately to be appointed in connection with this scheme, viz

Deputy Sanitary Commissioners pay to be Rs.500-50-750 increments biennially.
Divisional Health Officers (one for each section) Rs. 250-50-400 increments biennially

Beyond the above mentioned amended items it was agreed that the entire scheme should stand.

The Health Officers for the Cities of Bangalore and Mysore and Kolar Gold Fields are items urgently required and considering the long felt necessity for the same I would urge very early orders being passed by Government as to their entertainment.

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as to their entertainment.

As regards the Divisional Health Officers it was suggested, and I think rightly, that a commencement should at once be made by the appointment of one such duly qualified to the western circle which includes the most unhealthy portions of the State e.g., Shemoga etc.,

The incidence of diseases such as cholera and small-pox recently in epidemic form call for early measures, and if early orders on the subject be kindly passed it will enable me to set about organizing details, as I may point out that it will be a matter which cannot be done in a hurry as a careful selection of really competent & suitable officials will have to be made and there is a large mass of detail and administration which will have to be gone into very thoroughly by me in starting this scheme in order to ensure success, which I am confident of, as results will, I feel sure, speedily prove.

As regards the question of finance, I was requested at the Council meeting to suggest if possible any retrenchments in the Medical Department or transference of funds in order to meet the extra expenditure to be incurred. I much regret, after carefully going into details, that I am unable to suggest any such from any available source at present, and moreover would not advise tampering with the budget heads of a department whose needs are so dependant upon influences outside our control, which may at any moment require large additions to its income in order to meet immediate developments, as the vagaries of disease and its incidence are dependant upon factors which cannot usually be foreseen I regret to say, so that if budget grants are diminished it may mean many and urgent applications to Government for their refund at any moment, which is undesirable.

I may add that if my scheme is given a full and fair trial I can guarantee results in a very short space of time, and anticipate certain savings in the plague al-

lotment

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allotments. I also hope to carry on the Vaccine Institute upon lines which should give a handsome return to the Go-vernment in this and in many little ways I feel sure we shall get more than a return for our money in the long run.

In conclusion I beg to express a hope that early orders may be issued by Government on this most important matter, as it has been one which has remained solved more or less for too long, and if postponed much longer may pos-sibly recoil upon us in a very unpleasant manner.

I have the honor to be,

Sir,

Your most obedient servant,

H. E. Durkee Brockman

Major I.M.S.

Senior Surgeon & Sanitary Commr., M.C

Sanitary, dated 10th August 1907.

READ ALSO—

The following extracts from letter No. G. 440½, dated the 27th May 1903, from Colonel P. H. Benson, Senior Surgeon and Sanitary Commissioner, referred to in the second of the letters read above:—

6. *The duties of the Central Sanitary Board* will be to consider all Sanitary schemes involving an expenditure of over Rs. 1,000 forwarded by the Sanitary Commissioner, or by District Boards or other authorities through him, and if the expenditure be not above Rs. 20,000 accord or refuse its sanction for their execution as it may deem fit. When a scheme is estimated to cost over Rs. 20,000 the Central Sanitary Board will place the scheme before Government, together with the full papers and an expression of its advice for final disposal by Government, provided no action need be taken when the Board is of opinion a scheme should not be carried out. The work of the Board will be conducted by circulating papers, and by special meetings when thought necessary by the President

7. *The Sanitary Commissioner to Government* will be responsible direct to Government for the administration of the entire Department. He shall have power to pass all schemes involving an expenditure of not more than Rs. 1,000. In the case of all schemes costing over Rs. 1,000 the District Boards and Municipalities shall submit to such methods of control of expenditure as the Central Sanitary Board may from time to time direct. The Sanitary Commissioner will also be *ex-officio* member of all Sanitary Boards.

8. *The Personal Assistant to Sanitary Commissioner* as Secretary, will have no power to vote. His duties will be to receive all communications addressed to the Board, and lay them before the President, to record all proceedings of the Board and to carry out the orders of the President. As Personal Assistant to the Sanitary Commissioner, he will be in charge of the Vaccine Institute, and assist the Sanitary Commissioner in all scientific branches of his work.

9. *The Deputy Sanitary Commissioner* will also be Inspector of Vaccination. He will, of course, be subordinate to the Sanitary Commissioner. His duties will be to assist the Sanitary Commissioner in controlling and administering the Sanitary staff and in supervising Vaccination and Registration of Vital Statistics throughout the Province, and in carrying out such sanitary inspection as he may specially, and from time to time, be deputed to undertake by the Sanitary Commissioner.

10. *The Sanitary Engineer's duties* will remain the same as hitherto with the exception that he will perform his work in accordance with the orders of the Sanitary Board, and all schemes drawn up by him must be submitted to the Sanitary Commissioner or the Central Sanitary Board through the Sanitary Commissioner, for approval according as the cost involved is below or over Rs. 1,000 in each case.

11. *The Special Health Officers of Bangalore and Mysore Cities* will be directly subordinate to the Sanitary Commissioner.

12. *The Sanitary Commissioner's Office* will consist of three branches, *viz.*, (1) the Vital Statistical (2) Public Health and General Correspondence and (3) Minor Engineering. This latter is provided for the drawing up of plans and estimates for all minor and petty works that the Sanitary Commissioner may require from time to time and for issue of type designs for such works, all other works being attended to by the Sanitary Engineer's Department as hitherto.

13. *District Sanitary Boards.*—At present all matters in connection with sanitation in the different districts (rural areas) are dealt with by the Local Fund Boards composed of the Deputy Commissioner as President, the District Engineer and Amildars as members, the District Medical and Sanitary Officer as an *ex-officio* member having but little voice in the matter. In order that Sanitary works may in future receive more attention, it is proposed to have in addition to the above Local Fund Board, a District Sanitary Board which will relieve the Local Fund Board of all duties in connection with sanitation in the district. The District Sanitary Board shall be composed of the following *ex-officio* members :—

(1) The Deputy Commissioner, President and Revenue Member.
(2) District Medical and Sanitary Officer, Secretary and Member.
(3) Executive Engineer of the District, Engineering Member.

14. Additional members not exceeding two in number may be appointed by the Board from time to time. These shall be members of the Local Fund Board or Municipalities in the district elected temporarily at a meeting, with reference to their local knowledge in connection with schemes relating to areas in which they are concerned. These members shall retain their seats in the District Sanitary Board until the completion of such works or rejection of the schemes with reference to the special knowledge of which their election shall have been decided upon by the District Board. Their memberships shall then be relinquished. These additional members shall have no vote.

15. Schemes for sanitary improvements may be submitted by any official or tax-payer to the District Sanitary Board. The Board will consider all such schemes every year, will draw up before time of budget, proposals for the expenditure of allotment, retaining portion for minor emergent schemes that may be required during the year. Before final embodiment in the budget, the proposals should receive the sanction of the Sanitary Commissioner.

16. Sanitary works shall be classified as "Major," "Minor" and "Petty." Major works shall include undertakings involving expenditure of and over Rs. 1,000. Minor works shall include undertakings of and above Rs. 50 and up to Rs. 1,000. Petty works shall include undertakings costing below the sum of Rs. 50.

17. Plans and estimates for all major works shall be undertaken under the supervision and advice of the Sanitary Engineer to Government. Minor sanitary works shall be undertaken by the District Boards and District Municipalities, both as to preparation of schemes or plans and their execution, with the advice of the District Sanitary Board, but when any single work is estimated to cost Rs. 200 or more, the plans and estimates prepared by the District Sanitary Board, shall, before execution of the works be approved by the Sanitary Commissioner. Petty Sanitary works shall be executed under such Agency as District Boards and Municipalities may direct. In the execution of these works, the authorities will follow standard designs as far as possible.

18. Before proceeding to execution, Local Fund Boards and Municipalities shall refer plans and estimates for Sanitary works other than those classed as petty to the District Sanitary Board of the District concerned, for approval by the Sanitary Commissioner, or the Central Sanitary Board, as the case may be.

19. Copies of all resolutions passed by the District Sanitary Board shall be forwarded for information of the Central Sanitary Board addressed to the Secretary to that Board, and when the works referred to are not of a nature requiring the formal approval of the Central Sanitary Board, it shall nevertheless be allowable that the latter shall in its discretion call for plans and estimates and advise thereon as it may think fit. But it shall be understood that if within ten days of acknowledgment of receipt of such resolution no request for plans and estimates has been made by the Board, the District Sanitary Board shall be entitled to carry out works without further reference.

20. In the event of the Sanitary Commissioner objecting on Sanitary grounds to any proposals made, he should serve notice to the District Sanitary Board, which should desist from effecting such arrangements objected to until it has received either a written or personal explanation from that officer. If the District Sanitary Board be of opinion that the objection should be overlooked, the matter may be referred by the Sanitary Commissioner, at his discretion, either to Government or to the Central Sanitary Board. The decision received from either of these authorities shall be considered final.

21. All correspondence addressed to the District Sanitary Board shall be forwarded to the Secretary, and all Proceedings of that Board shall be issued under the signature of that officer. All correspondence affecting Sanitary matters in areas under the charge of the District Boards and Municipalities other than those of Bangalore and Mysore, shall be addressed by Members of these bodies and by the District authorities concerned through the District Medical and Sanitary Officer to the President of the Board concerned and in the case of Bangalore and Mysore through the respective Health Officers.

* * * * *

41. *Funds.*—Government will every year allot a certain portion of its total Provincial Revenue to Sanitation and will allot it on the advice of the Central Sanitary Board. Out of this fund, will be met the permanent charges of the offices of the Sanitary Commissioner, the Sanitary Engineer, the Deputy Sanitary Commissioner, Vaccine Institute, the pay and allowance of the District Health Officer, cost of his staff as well as that of District Medical and Sanitary Officer, Deputy Inspectors of Vaccination and Taluk Vaccinators. Out of the balance will be met the varying charges under the head of annual loans and grants to local bodies for major Sanitary works.

42. Local Fund Boards and Municipalities will, in consultation with the District Sanitary Board, allot as much funds as are available for Sanitation. Such allotments shall, in the case of the Local Fund Boards, be not less than 15 per cent of the total current income, and in the case of Municipalities, not less than 30 per cent. Of these allotments, a portion will be placed at the disposal of the Amildars or Presidents of Municipalities towards permanent charges of the Sanitary ministerial and menial establishments. The balance will be placed at the disposal of the District Sanitary Board towards varying charges under the heads of—

(1) Sanitary works and repayment of loans for such works.

(2) Epidemic charges—reserve.

(3) General Sanitary apparatus and conservancy plant.

(4) Contingencies including petty works and repairs to plant.

43. The following is an abstract statement of source and expenditure of Sanitary Funds :—

THE GOVERNMENT SANITARY ALLOTMENT.

(As much as availabe every year.)

PROVINCIAL FUNDS.

PERMANENT CHARGES.	VARYING CHARGES.
Offices of Sanitary Commissioner, the Sanitary Engineer, Deputy Sanitary Commissioner, Vaccine Institute, Offices of the District Medical and Sanitary Officers, District Health Officers and their staff, Deputy Inspectors of Vaccination and Taluk Vaccinators.	Annual grants and loans to local bodies for major Sanitary works.

LOCAL AND MUNICIPAL FUNDS.

(As much as available but not less than 30 per cent of current revenue in the case of Municipalities and 15 per cent in the case of District Fund Boards.)

PERMANENT CHARGES.	VARYING CHARGES.			
Sanitary ministerial and menial establishments.	(1) Sanitary works, major and minor, repayment of loans for such works.	(2) Epidemic charges reserve.	(3) General Sanitary apparatus and conservancy plant.	(4) Repairs to plant and contingencies including petty works.

VACCINATION DEPARTMENT.

44. As the Vaccination Department forms part of the General Sanitation Department, the question of its reorganization is taken up with that of the Health Department. In April 1889, the Department was placed under the immediate supervision of the District Revenue authorities as the District Medical Officers found it impossible to exercise sufficient supervision without prejudice to their own duties. In the scheme now proposed, the Deputy Sanitary Commissioner will also be Inspector of Vaccination and the District Medical and Sanitary Officers with the help of the District Health Officers will be able to control Vaccination work in the Districts. It is therefore proposed that the Deputy Inspectors of Vaccination and the Vaccinators be placed entirely subordinate to the District Medical Officers. This will relieve the District Revenue Officers of their present anomalous position of having to supervise work of a professional nature without their possessing any knowledge of the same.

* * * * * *

50. For Vaccination work to be conducted efficiently according to the abovementioned scheme, it is necessary that the personnel of the Department should be improved. The present Vaccinators are of a class little better than peons and their educational qualifications are also about the same. In the scheme now proposed the pay and prospects of the Vaccinators are raised so that only persons that have passed at least the Middle School or Lower Secondary examinations will be entertained. It is also proposed to mount the Vaccinators, as when they are mounted, they will be able to visit more villages than hitherto. It is hoped that one mounted Vaccinator will be able to do the work of three of the present Vaccinators. In the proposition statement therefore only one mounted Vaccinator is provided in the place of three, existing.

51. Perhaps it may be found that in certain localities three taluks cover too extensive an area to be managed by a single Vaccinator under this system, though he may be mounted. In that case it may be necessary to appoint additional Vaccinators not more than 15. The appointment of 15 additional Vaccinators will cost Rs. 5,400 more a year than what is now proposed.

Read

Letter No.673 dated the 2nd February 1907 from the Senior Surgeon and Sanitary Commissioner submitting proposals for the formation of a Public Health Department in the State.

2. Letter No.829 dated the 26th March 1907 from the same officer revising the said scheme in certain respects and soliciting early orders thereon.

Order thereon. No._____

w Secy draft

The Senior Surgeon and Sanitary Commissioner having submitted in August 1903 certain proposals made by Col. Benson for the ~~inauguration~~ introduction of a Health Scheme for the State, Government in their order No.9301-19/M1 67-03 dated the 8th April 1905 while regretting their inability under the then conditions to accord ~~their~~ approval to the scheme in its entirety, sanctioned as a useful instalment of Sanitary Improvement a modified scheme for the training and employment of certified Sanitary Inspectors for improving the sanitation of municipal towns and rural parts in the State. Under this scheme there are at present 19 Sanitary Inspectors and 3 Assistant

Sanitary

Sanitary Inspectors employed in several parts of the state, including the Bangalore and Mysore City Municipalities.

2. In September 1906, Col. Smyth represented that the scheme sanctioned as above by Government could not be carried out in its entirety all over the State, as the services of the officials required therefor could not at once be procured) and suggested that a beginning in the way of organising a regular sanitary staff might be made in the case of a selected District or two, the Mysore District being taken up first. His proposals involved (1) the appointment of a qualified officer of the rank of Sub Assistant or Assistant Surgeon as District Sanitary Officer with a full complement of Sanitary Inspectors, one for each Taluk and (ii) the training of the existing Deputy Inspectors of Vaccination as Sanitary Inspectors. He also recommended the formation of central and District Sanitary Boards as suggested by Col Benson in his original scheme. Col. Smyth considered that if Sanitary Officers of the rank suggested by him were appointed, a Sanitary Officer with a Deputy Inspector of Vaccination might be able to attend to the work of two Districts instead of one.

may perhaps be omitted being a mere detail
may stand

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3. While this scheme was under the consideration of Government, Lt Col Smyth went on leave and Major Drake Brockman who succeeded him as Senior Surgeon and Sanitary Commissioner, considered that both Col. Benson's original scheme and the one submitted by Lt Col. Smyth required modification in certain important respects to suit present needs. The modifications finally suggested by him have been duly considered and Government are pleased to sanction the following proposals for the constitution of a Sanitary department in the state.

1. The Senior Surgeon will continue to be ex-officio Sanitary Commissioner

2. A Deputy Sanitary Commissioner will be appointed on a pay of Rs.500/- rising to Rs.750/- by biennial increments of Rs.50/- who will be in charge of the Vaccine Institute also. He will be entitled to no allowance except the usual travelling allowance.

Will this require modification in view of recommendations since made by S.S.M. in the case of Dr Palpu

Let it remain It is in Conformity with orders already passed

3. Three Divisonal Sanitary ~~Inspectors~~ Officers will be appointed on a pay of Rs. 250/- rising to Rs.400/- by biennial increments of Rs.50/- with no other allowances except the usual travelling allowance one such officer being immediately appointed to the Western Division which includes the most unhealthy portions of the State such as Shimoga~~e~~.

To the Eighth Post

4., There will be eight District

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Sanitary Officers subordinate to the Divisional Sanitary Officers on a pay of Rs.100/- rising to Rs.200/- by biennial increments of Rs.25/- with no allowances except travelling allowance.

5. Health Officers will be appointed for the cities of Bangalore, Mysore and the Kolar Gold Fields sanitary Circle on the same pay as the Divisional Sanitary Officers viz Rs.250/- rising to Rs.400/- by biennial increments of Rs.50/-. These officers will be given a conveyance allowance of Rs.50/- per mensem.

6. The appointment of Sanitary Inspectors shall be regulated by the Government order of April 1905, but in order to secure the required number of sanitary Inspectors, the rule regarding their qualifications may be relaxed slightly so that men with the necessary sanitary training who agree to pass an Examination in Kannada in six months or a year may be admitted.

7. To facilitate supervision over the work of the Sanitary Inspectors the present Deputy Inspectors of Vaccination will be given a training as Sanitary Inspectors, and afterwards appointed temporarily as District Sanitary Assistants and Deputy Inspectors of Vaccination and placed under the District Medical and Sanitary Officers for the time being and subsequently

under

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under the Divisional Sanitary Officers, their places being ultimately filled up by qualified District Sanitary Officers. The number of Vaccinators will be reduced from 95 to 33, as proposed by the Senior Surgeon.

8. A central Sanitary Board for the State and District Sanitary Boards for each district will be constituted as follows:-

Central Sanitary Board.

1. Sanitary Commissioner (President)
2. Revenue Commissioner (Revenue Member)
3. Chief Engineer (Engineering Member)
4. Deputy Sanitary Commissioner (Additional Sanitary Member and Secretary)
5. Sanitary Engineer (Additional Engineering Member)

District Sanitary Board.

1. Deputy Commissioner (President and Revenue Member)
2. Divisional Sanitary Officer (Sanitary Member ~~& Secretary~~)
3. District Engineer (Engineering Member)
4. District Medical Officer (Medical Member)
5. District Sanitary Officer (Additional Sanitary Member and Secretary).

6 & 7 Two Municipal or Local Fund Board Members (Non-Official Members)

The proposals made by the Senior Surgeon and Sanitary Commissioner regarding the duties and powers of the Central and District Sanitary Boards will be referred to the Chief Engineer the Revenue Commissioner and the Presidents of the several

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several Municipal and District Boards for opinion and separate orders passed on the subject in due course.

4. The financial effect of the proposals as shown in the detailed&abstract statements marked A and B and appended to this order would be a total annual minimum and maximum cost of Rs.52,788/- and Rs.76,188/- respectively as against Rs.25,188/- the present cost, resulting in an increase of Rs.27,600/- rising to Rs.51,000/- But of this estimate, the pay of the 3 Health Officers for the Bangalore and Mysore cities and the Kolar Gold Fields will be a proper charge on the respective Municipalities and the Sanitary Board and the cost to be borne by the General Revenues will be a minimum of Rs.43,788/- a maximum of Rs.61,788/- Having regard to the advantages to be derived from the appointment of specially trained officers as Health Officers of these important Cities and the Kolar Gold Fields, Government have no doubt that the Municipal Councils and the Kolar Gold Fields Sanitary Board will readily agree to bear the cost of the Health Officers as a legitimate charge on their funds. The Presidents of the Bangalore and Mysore City Municipalities and the Kolar Gold Fields Sanitary Board are accordingly requested to place this subject before the respective Boards and submit

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submit copies of their resolutions for the orders of Government.

5. Government approve of the suggestion made by the Senior Surgeon and Sanitary Commissioner that the District Sanitary Officer when appointed shall not be subordiante to the District Medical Officer but shall be directly under the orders of the Divisional Sanitary Officer, ~~and~~ that until further orders the Sanitary Inspectors shall be direct subordinates of the District Sanitary Officers, but that the local Revenue authorities (i.e. Municipal or Local Fund Presidents and Vice Presidents) may give them ~~instructions~~ orders in ordinary routine ~~work~~ matters and that in cases of urgency in connection with epidemics or other causes, the Sanitary Inspectors shall abide by the orders of the local Revenue authorities, subject to the approval of the same by the District Sanitary Officer. ×

The Divisional and District Sanitary Officers shall work under the General Supervision of the Dy Commrs

6. Government trust that when the scheme now sanctioned is started the Senior Surgeon and Sanitary Commissioner will be able to show considerable annual savings in the Plague ~~allotments~~ expenditure also and an appreciable return to Government from the Vaccine Institute.

7. The Senior Surgeon is requested to state how he would propose to divide the State into 3 Sanitary Divisions for being placed under the Divisional Sanitary Officers.

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8. As there is no separate sanitary Commissioner the establishment cost~~s~~ of ~~Rs~~ Rs.84/- per mensem already sanction~~ed~~ ~~ed~~ in Government Proceedings No.6828/9- Med 51-05 dated 4th February 1907 for ~~the~~ the Sanitary ~~Work in~~ Branch of the Senior Surgeon's Office seems sufficient for all practical purposes. ~~No~~ large establishment costing Rs.399/- (minimum) and Rs.519 (maximum) per month applied for by the Senior Surgeon cannot therefore be sanctioned.

CSR 2/7/07
Secretary.

To

The Senior Surgeon & Sanitary Commissioner.
The Comptroller in Mysore
The Chief Engineer in Mysore
The Revenue Commissioner in Mysore
The Deputy Commissioners of Districts and Presidentstofcts. the Municipal & District Boards.
The Presidents of the City Municipalities of Bangalore and Mysore.
The President, Sanitary Board, Kolar Gold Fields.

Proceedings of the Government of His Highness the Maharaja of Mysore.

Read:- the following letters from the Sr. Surgeon & Sanit Comr with the Govt. of Mysore :—

1. Letter No. G.289 of 28.9.06. ~~from the from Senior Surgeon and Sanitary Commissioner~~ Lt. Col. Smyth

2 Letter No.673 dated the 2nd February 1907 ~~from the Senior Surgeon and Sanitary Commissioner~~ from Major Bradle Bowdman submitting proposals for the formation of a Public Health Department in the State. [Printed in extenso].

3. Letter No.829 dated the 26th March 1907. ~~from the same office~~ from the same officer. revising the said scheme in certain respects and soliciting early orders thereon. [Printed in extenso]

Read also the following extracts from Letter no. G. 440-2/27.5.03 from Col. Benson Senior Surgeon & Sanit Comr referred to in the second letter read above:— Paras ~~6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23~~ 6 to 21, 41 to 43, 44 and ~~50 to 57~~ 57 [Printed in extenso]

Order thereon No.

In August 1903, Lt. Col. Smyth, the then Senior Surgeon and Sanitary Commissioner submitted to Government a scheme prepared by Col. Benson for the formation of a Health Department in the State. The Government in their order No.9801-19/M1.67-03, dated the 8th April 1905, while regretting their inability, under existing conditions, to accord sanction to the scheme in its entirety, sanctioned as a useful instalment of sanitary improvement, a modified scheme for the training and employment of certified Sanitary Inspectors for improving the sanitation of Municipal towns and rural parts in the State. Under this scheme, there are at present 10 Sanitary Inspectors and 8 Assistant Sanitary Inspectors employed in

several parts of the State, including the Bangalore and Mysore City Municipalities.

2. In September 1906, Lt. Col. Smyth represented that the scheme sanctioned as above could not be carried out in its entirety all over the State, as the services of a sufficient number of qualified ~~officials~~ men could not at once be procured and suggested that a beginning in the way of organizing a regular sanitary staff might be made in the case of a selected District or two, the Mysore District being taken up first. His proposals involved (1) the appointment of a qualified officer of the rank of Sub Assistant or Assistant Surgeon as District Sanitary Officer with a full complement of Sanitary Inspectors, one for each Taluk, and (2) the training of the existing Deputy Inspectors of Vaccination as Sanitary Inspectors. He also recommended the formation of Central and District Sanitary Boards as suggested by Col. Benson in his original scheme. Lt. Col. Smyth considered that if Sanitary Officers of the rank suggested by him were appointed, a Sanitary Officer with a Deputy Inspector of Vaccination might be able to attend to the work of two Districts instead of one.

3. While this scheme was under the consideration of Government, Lt-Col.Smyth went on leave and Major Drake Brockman, who succeeded him as Senior Surgeon and Sanitary Commissioner, considered that both Lt. Col. Benson's original scheme and the one submitted

by Lt-Col. Smyth required modification in certain important respects to suit present needs. The modifications finally suggested by him have been duly considered and Government are pleased to sanction the following proposals for the constitution of a ~~Sanitary~~ Department of Public Health in the State:-

1) The Senior Surgeon will continue to be ex-officio Sanitary Commissioner, and as such

~~2. A Deputy Sanitary Commissioner will be appointed on a pay of~~ Rs.500 rising to Rs. 750 by biennial increments of Rs.50. ~~He will be in charge of the Vaccine Institute also.~~

3) The State will be divided into 3 Sanitary Divisions and for each Division a Divisional Sanitary Officer will be appointed on a pay of Rs.250 rising to Rs.400 by biennial increments of Rs.50. One such officer will be immediately appointed to the Western Division which includes the most unhealthy portions of the State, such as Shimoga. ~~&c.~~

4) For the eight Districts, there will be eight District Sanitary Officers subordinate to the Divisional Sanitary Officers ~~on a pay of~~ Rs.100 rising to Rs.200 by biennial increments of Rs.25.

5) Health Officers will be appointed for the cities of Bangalore, Mysore and the Kolar Gold Fields Sanitary Circle on the same pay as the Divisional Sanitary Officers

viz., Rs.250 rising to Rs.400 by biennial increment of Rs.50. The officers will be given a conveyance allowance of Rs.50 per mensem.

6. The appointment of Sanitary Inspectors shall be regulated by the Government order of April 1905, but in order to secure the required number of men, the rule regarding their qualifications may for the present be slightly relaxed, so that men with the necessary sanitary training who agree to pass an Examination in Kanarese in one year from the date of appointment, may be admitted.

7. To facilitate supervision over the work of the Sanitary Inspectors the present Deputy Inspectors of Vaccination will be given a training in Sanitation, and then appointed for the time being as "District Sanitary Assistants and Deputy Inspectors of Vaccination" and placed under the District Medical and Sanitary Officers, and subsequently under the Divisional Sanitary Officers, their place being ultimately filled up by qualified District Sanitary Officers. The number of Vaccinators will be reduced from 95 to 33, as proposed by the Senior Surgeon.

8. A Central Sanitary Board for the State and District Sanitary Boards for each District, will be constituted as follows:-

Central Sanitary Board.

1. Sanitary Commissioner (President)

Sub-Para 7. until duly qualified men are available for appointment as district Sanitary officers as above, the present Dys. Insps of vaccination will be temporarily appointed as ~~Dy~~ District Sanitary Assts ~~to Dy Insp of Vaccination~~ after having given a training in sanitation at Madras. They will ~~superintend the work of~~ ~~Sanitary Assts~~ perform

7) As men who are qualified for appointment as District Sanitary officers as above are not available ~~at present~~ at present, the Dys Insps of Vaccination will be given a training in sanitation at Madras as early as possible and then ~~appointed~~ temporarily as District Sanitary Assts, after which they will perform the duties and be in charge of the duties of District Sanitary officers, until they are replaced by duly qualified District Sanitary officers. They will be subordinate to the ~~District~~ ~~present~~ ~~District Medical Officers, who will~~ ~~control~~ ~~District Sanitary~~ ~~officers appointed, be responsible~~ for ~~Divisional~~ Sanitary officers, but until these are appointed they shall work under ~~be subordinate to~~ the present District Medical & Sanitary officers. When District Sanitary officers are appointed, the present District Medical ~~Sanitary~~ officers will cease to be ~~Sanitary officers~~ ex-officio District Sanitary Assts for Insps of Vaccination will cease to exist.

Sub-Para 8) The work of Vaccination is not proper supervised at present and the men ~~appointed~~ selected as Vaccinators are not of the right sort. It is proposed to get fewer better work done by much smaller number of

by transfer, otherwise dealt with their places become vacant and by transfer, retirement ordered and

During the period of training they shall get their present pay & ~~may be~~ after training when they are appointed as District Sanitary Assts ~~they shall be~~ their pay will be fixed at Rs 80 for those who are now in the second grade & Rs 100 for those in the first grade & ~~will be~~ During the time that the Dys Insps of Vaccination are under training the present District Medical & Sanitary officers will ~~be~~ supervise the work of Vaccination in their District

should be marked ~~+~~ must be
men ~~[illegible]~~ much better paid and
~~better equipped~~ the Senior Surgeon's proposal
to reduce the number of Vaccinators
from 95, getting ~~Rs 20,15, 6 5~~ 10/ 12, 15,
6 33 (at present Rs 20, 30 & 40) ~~and~~ plus a
house allowance ~~[illegible]~~, which involves
the ~~[illegible]~~ excess in the ~~[illegible]~~, but ~~[illegible]~~ is considered

ascending by grades

Sub. para 9- Present Sub para ~~[illegible]~~ 11

~~Sub para 10.~~

Sub-para 10 new Present paras 8 & 9

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that men with the necessary sanitary training who agree to pass an examination in Kanarese in one year from the date of appointment may be admitted. They will be subordinate to District Sanitary Officers, but shall abide by any orders passed by the Presidents and Vice-Presidents of Municipal and Local Boards in ordinary routine matters and in cases of urgency such as in connection with epidemics, subject to approval of the orders by the District Sanitary Officers.

(7) As men who are qualified for appointment as District Sanitary Officers as above are not available at present, the Deputy Inspectors of vaccination will be given a training in Sanitation at Madras as early as possible and then appointed temporarily as "District Sanitary Assistants and Deputy Inspectors of vaccination," ~~perform the duties and~~ be in charge of the duties of District Sanitary officers, until their places become vacant by transfer retirement, or death ~~and~~ when they ~~are~~ will be re-placed by duly qualified District Sanitary Officers. During the period of training they shall get their present pay. After training when they are appointed as District Sanitary Assistants, their pay will be fixed at Rs.80 for those who are now in the second grade and Rs.100 for those in the first grade. During the time that the Deputy Inspectors of

Vaccination are under training the present District Medical and Sanitary Officers will supervise the work of vaccination in their Districts. They will be subordinate to the Divisional Sanitary Officers, but until these are appointed they shall work under the present District Medical and Sanitary Officers When District Sanitary Officers ~~officers~~ are appointed, the District Medical and Sanitary Officers will cease to be called Sanitary Officers; and the temporary class of District Sanitary Assistants and Deputy Inspectors of vaccination will cease to exist

(8) The work of vaccinators is not properly supervised now and the men selected as Vaccinators are not of the right sort. It is proposed to get much better work done by a much smaller number of men who will be ~~want ed~~ mounted and will be much better paid. The Senior Surgeon's proposal to reduce the number of vaccinators from 95, getting Rs 10, 12 and 15, to 33 getting Rs. 20, 30 and 40 according to grades, plus a horse allowance of Rs. 10, which involves a slight excess in the cost is sanctioned.

2. Revenue Commissioner (Rev. Member)

3. Chief Engineer (Engineering Member)

4. Deputy Sanitary Commissioner (Additional Sanitary Member and Secretary)

5. Sanitary Engineer (Additional Engineering Member)

District Sanitary Board.

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1. Deputy Commissioner (President and Revenue Member)

2. Divisional Sanitary Officer (Sanitary Member)

3. District Engineer (Engineering Member)

4. District Medical Officer (Medical Member)

5. District Sanitary Officer (Additional Sanitary Member and Secretary)

6 & 7. Two Municipal or Local Fund Board Members (Non-official Members).

Note: until a District Sanitary Officer is appointed, the two next medical officers will be Secretary of the Board.

It shall be the duty of the District Sanitary Board to advise Municipal and District ~~Fund~~ Boards in regard to all schemes for Sanitary Improvement ~~considered by~~ when may be under such Boards. All schemes involving an expenditure of over Rs.1,000 shall be submitted to the Central Sanitary Board. ~~the duties~~ It shall be the duty of the Central Sanitary Board ~~which will~~ be to consider all such schemes and advise Government as to their utility. As regards the delegation of additional duties and powers to the Central and District Sanitary Boards, the Sanitary Commissioner will be requested to submit ~~fresh~~ proposals after consultation with the Municipal and District Boards and the Central and District Sanitary Boards.

4. The financial effect of the proposals as shown in the detailed and abstract statements marked A and B ~~and~~ appended to

Present Asst Surgeons made who have undergone Special Sanitary training in Madras. Here will then be the Distt Sanitary Officer shall have Control over all Sanitary Measure Operations in the District under the direct orders of the Divisional Sanitary Officer

The work of Vaccinators is not properly Supervised now & these selected men ~~do not possess~~ are not of the right sort It is proposed to get more & better work done by ~~them~~ a much smaller number of men but ~~at~~ much better paid ~~and two Inspectors~~ ~~It has been found impossible to do~~ It is proposed to reduce the number from

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this order, would be a total annual minimum and maximum cost of Rs.52,788 and Rs.76,188, respectively, as against Rs.25,188, the present cost, resulting in an increase of Rs. 27,600 rising to Rs.51,000. ~~But of~~ This estimate, the pay and allowance of the 3 Health Officers for the Bangalore and Mysore cities and the Kolar Gold Fields will be ~~a proper charge on~~ borne by the respective Municipalities and the Sanitary Board and, the ~~cost to be borne by~~ the General Revenues will be a minimum of Rs.43,788 and a maximum of Rs. 61,788. Having regard to the advantages to be derived from the appointment of specially trained officers as Health Officers of these important cities and the Kolar Gold Fields, Government have no doubt that the Municipal Councils and the Kolar Gold Fields Sanitary Board will readily agree to bear the cost of the Health Officers ~~as a legitimate charge on their funds~~. The Presidents of the Bangalore and Mysore City Municipalities and the Kolar Gold Fields Sanitary Board are accordingly requested to place this subject before the respective Boards and submit ~~copies of~~ their resolutions for the orders of Government.

5. Government approve of the suggestion made by the Senior Surgeon and Sanitary Commissioner that the District Sanitary Officer when appointed shall not be subordinate to the District Medical Officer but shall be directly under the orders of the Divisional Sanitary Officer that until further orders the Sanitary Inspectors shall

Under the direct Subordinate of 62

be ~~directly subordinate~~ to the District Sanitary Officers, but that the local Revenue authorities ~~(i.e. Municipal or Local Fund~~ (Presidents and Vice Presidents) may give them orders in ordinary routine matters and that in cases of urgency in connection with epidemics or other causes, the Sanitary Inspectors shall abide by the orders of the local Revenue authorities, subject to the approval of the same by the District Sanitary Officer.

of Municipal Local Boards

5. Government trust that when the scheme now sanctioned is started, the Senior Surgeon and Sanitary Commissioner will be able to show considerable savings in the annual Plague expenditure and also an appreciable return to Government from the Vaccine Institute.

6. The Senior Surgeon is requested to state how he would propose to divide the State into 3 Sanitary Divisions for being placed under the Divisional Sanitary Officers.

10. The establishment of 3 clerks and 2 peons costing Rs.84 sanctioned in Government Order No.6828-9/Med.51-05-11, dated 4th February 1907, for the Sanitary Branch of the Senior Surgeon's Office and ordered to be placed directly under the Personal Assistant to the Sanitary Commissioner, will be continued and shall work under the Deputy Sanitary Commissioner. The additional establishment costing from Rs.399 (minimum) to Rs.519 (maximum) asked for by the Senior

Surgeon and Sanitary Commissioner for his Office cannot be sanctioned.

11) 2. The Senr Surgeon proposes that when the Health Department is organized there should be a Public Health Institute with a Laboratory attached to it. For work in the Laboratory a Laboratory Assistant on Rs.80 and 2 attendants on Rs.8 each, are sanctioned.

Secretary.

To

The Senior Surgeon and Sanitary Commissioner.

The Comptroller, Mysore Good

The Chief Engineer in Mysore.

The Revenue Commissioner in Mysore.

The Deputy Commissioners of Districts and Presidents of the Municipal and District Boards.

The Presidents of the City Municipalities of Bangalore and Mysore.

The President, Sanitary Board, Kolar Gold Fields.

the additional cost involved in the new ~~scheme~~ Health Scheme ~~scheme now sanctioned is started~~, the Senior Surgeon and Sanitary Commissioner will be able to show considerable savings in the annual plague expenditure and also an appreciable return to Government from the Vaccine Institute.

Has not been verified by her

6. The Senior Surgeon is requested to state how he would propose to ~~divide the~~ group the ~~State into~~ 3 Sanitary Divisions ~~for being~~ placed under the Divisional Sanitary Officers.

Secretary.

To

The Senior Surgeon and Sanitary Commissioner.

The Comptroller, Mysore Government.

The Chief Engineer in Mysore.

The Revenue Commissioner in Mysore.

The Deputy Commissioners of Districts and Presidents of the Municipal and District Boards.

The Presidents of the City Municipalities of Bangalore and Mysore.

The President, Sanitary Board, Kolar Gold Fields.

Proceedings of the Government of His Highness the Maharaja of Mysore.

Confirmed No 76645 dated 22-6-08 — 0 —

Read :-

The following letters from the Senior Surgeon and Sanitary Commissioner with the Government of Mysore :-

(1) Letter No. G.239 dated the 28th September 1906 from Lt. Colonel Smyth.

(2) Letter No. 673 dated the 2nd February 1907, from Major Drake Brockman.

(Print in extenso)

(3) Letter No. 829 dated the 26th March 1907 from the same officer.

(Print in extenso).

Read

Read also the following extracts from letter No. G.440½ dated the 27th May 1903 from Col. P.H. Benson, Senior Surgeon and Sanitary Commissioner, referred to in the second of the letters read above :-

Paras 6 & 21, 41 & 44, 50 & 57

(Print in extenso).

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Order thereon.

No. 1378-92 dated 10-8-07

Sanc 93-06-8

In August 1903, Lt.Col. Smyth, the then Senior Surgeon and Sanitary Commissioner submitted to Government a scheme prepared by Col. Benson for the formation of a Health Department in the State. The Government in their order No. 9301-19/M1.67-03, dated the 8th April 1905, while regretting their inability, under existing conditions, to ac-

cord sanction to the scheme in its entirety, sanctioned as a useful instalment of sanitary improvement, a modified scheme for the training and employment of certified Sanitary Inspectors for improving the sanitation of Municipal towns and rural parts in the State. Under this scheme, there are at present 19 Sanitary Inspectors and 3 Assistant Sanitary Inspectors employed in several parts of the State, including the Bangalore and Mysore City Municipalities.

2. In September 1906, Lt. Col. Smyth represented that the scheme sanctioned as above could not be carried out in its entirety all over the State, as the services of a sufficient number of qualified men could not at once be procured, and suggested that a beginning in the way of organizing a regular sanitary staff might be made in the case of a selected District or two, the Mysore District being taken up at first. His proposals involved (i) the appointment of a qualified officer of the rank of Sub-Assistant or Assistant Surgeon as District Sanitary Officer with a full complement of Sanitary Inspectors, one for each Taluk, and (ii) the training of the existing Deputy Inspectors of vaccination as Sanitary Inspectors. He also recommended the formation of Central and District Sanitary Boards as suggested by Col. Benson in his original scheme. Lt.Col. Smyth considered that if 1 Sanitary Officers of the rank suggested by him were appointed, a 1 Sanitary Officer with a Deputy Inspector of vaccination might be able to attend to

the work of two Districts instead of one.

3. While this scheme was under the consideration of Government, Lt.Col. Smyth went on leave and Major Drake Brockman, who succeeded him as Senior Surgeon and Sanitary Commissioner considered that both Col. Benson's original scheme and the one submitted by Lt. Col. Smyth required modification in certain important respects to suit present needs. The modifications finally suggested by him have been duly considered and Government are pleased to sanction the following proposals for the constitution of a Department of Public Health in the State :-

(1) The Senior Surgeon will continue to be ex-officio Sanitary Commissioner, and as such will be directly responsible to Government for the administration of the entire Department.

(2) As the Sanitary Commissioner has various other duties also attached to his office, he will be given a full time Deputy, who will relieve him of all routine work and assist him in controlling and administering the Department. The Deputy Sanitary Commissioner will also be Inspector of Vaccination. His pay will be fixed at Rs. 500 rising to Rs. 750 by biennial increments of Rs. 50.

(3) The State will be divided into 3 Sanitary Divisions and for each Division a Divisional Sanitary Officer will be appointed on a pay of Rs. 250 rising

4 314

to Rs. 400 by biennial increments of Rs. 50. One such officer will be immediately appointed to the Western Division which includes the most unhealthy portions of the State, such as Shimoga.

(4) For the eight Districts, there will be eight District Sanitary Officers subordinate to the Divisional Sanitary Officers. They will be medical officers of the present Sub-Assistant surgeon's grade who have undergone special training in Sanitation. Their pay will be Rs. 100 rising to Rs. 200 by biennial increments of Rs. 25. They will control the work of the Sanitary and Assistant Sanitary Inspectors and Vaccinators, systematically inspect towns and villages in respect of sanitation and the prevention of epidemics, and supervise the registration of vital statistics.

(5) Health officers will be appointed for the Cities of Bangalore, Mysore and the Kolar Gold Fields Sanitary Circle on the same pay as the Divisional Sanitary Officers, viz., Rs. 250 rising to Rs. 400 by biennial increments of Rs. 50. They will be given a conveyance allowance of Rs. 50 per mensem in addition.

(6) The appointment of Sanitary Inspectors and Assistant Sanitary Inspectors shall be regulated by the Government Order of April 1905, but in order to secure the required number of men, the rule regarding their qualifications will for the present be slightly relaxed.

Accordingly it is proposed that men who may be ignorant of Kanarese but possess all the other qualifications may be appointed, provided that they ~~agree~~ are to pass an examination in Kanarese within one year of admission. Sanitary and Assistant Sanitary Inspectors will be directly subordinate to the District Sanitary Officers, but the local Revenue authorities, viz. Municipal and Local Board Presidents and Vice-Presidents, may ~~give them~~ issue them instructions ~~in~~ ordinary routine work. In cases of urgency ~~in connection with~~ such as the outbreak of epidemics ~~or other causes~~, they shall abide by the orders of the local Revenue authorities subject to approval of the same by the District Sanitary Officers.

prepared

(7) As men who are qualified for appointment as District Sanitary Officers as above are not available at present, the Deputy Inspectors of Vaccination will be given a training in Sanitation at Madras as early as possible and then appointed temporarily as "District Sanitary Assistants and Deputy Inspectors of Vaccination". They will be in charge of the duties of District Sanitary Officers, until their places become vacant by transfer retirement, or death, when they will be re-placed by duly qualified District Sanitary Officers. During the period of training they shall get their present pay. After training when they are appointed as

District Sanitary Assistants, their pay will be fixed at Rs.80 for those who are now in the second grade and Rs.100 for those in the first grade. During the time that the Deputy Inspectors of Vaccination are under training the present District Medical and Sanitary Officers will supervise the work of vaccination in their Districts. The District Sanitary Assistants will be subordinate to the Divisional Sanitary Officers, but until these are appointed they shall work under the present District Medical and Sanitary Officers. When District Sanitary Officers are appointed, the District Medical and Sanitary Officers will cease to be called Sanitary Officers; and the temporary class of "District Sanitary Assistants and Deputy Inspectors of Vaccination" will cease to exist.

(8) The work of vaccinators is not properly supervised now and the men selected as vaccinators are not of the right sort. It is proposed to get a better quality of work by a much smaller number of men who will be mounted and will be much better paid. The Senior Surgeon's proposal to reduce the number of vaccinators from 95, getting Rs.10, 12 and 15, to 33 getting Rs.20, 30 and 40 according to grades, plus a horse allowance of Rs.10, which involves a slight excess in the cost, is sanctioned.

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(9) A Central Sanitary Board for the State and District Sanitary Boards for each District, will be constituted as follows:-

Central Sanitary Board.

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1. Sanitary Commissioner (President)
2. Revenue Commissioner (Rev.Member)
3. Chief Engineer (Engineering Member)
4. Deputy Sanitary Commissioner (Additional Sanitary Member and Secretary)
5. Sanitary Engineer (Additional Engineering Member).

District Sanitary Board.

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1. Deputy Commissioner (President and Revenue Member)
2. Divisional Sanitary Officer (Sanitary Member)
3. District Engineer (Engineering Member)
4. District Medical Officer (Medical Member)
5. District Sanitary Officer (Additional Sanitary Member and Secretary)

6 & 7. Two Municipal or Local Fund Board Members (Non-official Members)

Note.- Until a District Sanitary Officer is appointed, the District Medical Officer will be Secretary to the Board.

It shall be the duty of the District Sanitary Board to advise Municipal and District Boards in regard to all schemes for Sanitary Improvement which may be under the consideration

of such Boards. All schemes involving an expenditure of over Rs.1,000 shall be submitted to the Central Sanitary Board. It shall be duty of the Central Sanitary Board to consider all such schemes and advise Government as to their desirability. As regards the delegation of additional duties and powers to the Central and District Sanitary Boards and the Funds to be administered by them, the Sanitary Commissioner will be requested to submit proposals after consultation with the Municipal and District Boards and the Central and District Sanitary Boards.

(10) The establishment of 3 clerks and 2 peons costing Rs.84 sanctioned in Government Order No.6828-9/Med.51-05-11, dated 4th February 1907, for the Sanitary Branch of the Senior Surgeon's Office and ordered to be placed directly under the Personal Assistant to the Sanitary Commissioner, will be continued and shall work under the Deputy Sanitary Commissioner. The additional establishment costing from Rs. 399 (minimum) to Rs.519 (maximum) asked for by the Senior Surgeon and Sanitary Commissioner for his Office ~~cannot be sanctioned.~~ The Government are unable to sanction

(11) The Senior Surgeon proposes that after the Health Department is organized there should be a Public Health Institute with a Laboratory attached

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to it. For work in the Laboratory a Laboratory Assistant on Rs80 and 2 attendants on Rs8 each are sanctioned.

^ rising to Rs 120 by biennial increments of Rs 10/

4. The financial effect of the proposals as shown in the detailed and abstract statements marked A and B appended to this order, ~~would~~ will be a total annual minimum and maximum cost of Rs ~~52,000~~ 55,740 and Rs ~~76,188~~ 79,620, respectively, as against Rs25,188, the present cost, resulting in an increase of Rs ~~27,600~~ 30,552 rising to Rs ~~51,000~~ 54,432. This estimate includes the pay and allowance of the 3 Health Officers for the Bangalore and Mysore cities and the Kolar Gold Fields which have to be borne by the ~~respective~~ the Municipalities and the Kolar Gold Fields Sanitary Board and thus the charge on the General Revenues will be a minimum of Rs. ~~43,788~~ 44,940 and a maximum of Rs ~~61,788~~ 63,420. Having regard to the advantages to be derived from the appointment of specially trained officers as Health Officers of these important cities and the Kolar Gold Fields, Government have no doubt that the Municipal Councils and the Kolar Gold Fields Sanitary Board will readily agree to bear the cost of the Health Officers from their funds. The Presidents of the Bangalore and Mysore City Municipalities and the Kolar Gold Fields Sanitary Board are accordingly requested to place this subject before the respective Boards and submit their resolutions for the orders of Government.

^ respectively

5. Government trust that ~~when the~~ direct to do the [illegible]

37 47 40

5. The additional annual expenditure that would have to be incurred when the scheme is brought fully into operation would be Rs 38,232 , but Government are in hopes that considerable savings could be effected in the Plague expenditure and some profits shewn from the Vaccine Institute to set off against this additional expenditure. As regards Plague charges, the later investigations by the bacteriologits in Bombay would point to the uselessness of maintaining large inspection staffs for plague inspection in the cities and also on the frontier and these may perhaps be dispensed with and the cost incurred on them saved.

6. The Senior Surgeon is requested to state how he would propose to group the Districts with a view to form the 3 Sanitary Divisions to be placed under the Divisional Sanitary Officers.

Secretary.

To

The Senior Surgeon and Sanitary Commissioner.

The Comptroller, Mysore Government.

The Chief Engineer in Mysore.

The Revenue Commissioner in Mysore.

The Deputy Commissioners of Districts and Presidents of the Municipal and District Boards.

The Presidents of the City Municipalities of Bangalore and Mysore.

The President, Sanitary Board, Kolar Gold Fields.

	Existing Scale		Proposed Scale				
Vo.	Particulars	Cost per mensem	No.	Particulars	minimum pay for the month	maximum pay for the month	Allowance for the month
	Personal Assistant to the Sanitary Commissioner	430	1	Deputy Sanitary Commissioner	500	800	300
	Establishment Charges	144		Establishment Charges	399	519	nil
				Laboratory Department	96	136	20
			3	Sursional officers	750	1200	300
				Establishment charges	183	183	nil
			8	District Sanitary officers	800	1600	400
				Establishment charges	232	232	nil
	Vaccine Institute		7	Health officers	750	1200	nil
	Deputy Inspectors of Vaccination & Vaccinators (9+95)	1525	33	Vaccinators	770	770	330
	Total for the months	2099			4480	6640	1350
	Total for the year	25188			53760	79680	1620

ment.

5

Revised Scale.				Remarks.
Sl. No.	Particulars	Minimum pay for the month	Maximum pay for the month	Allowance for the month
1	Deputy Sanitary Commr.	500	750	Nil
	Establishment charges.	⊗ (1) 84	84	Nil.
	Laboratory Department	96	136	
	Divisional Sanitary officers	750	1200	Nil
	(1) Establishment charges	(2) 183	183	
2	District Sanitary officers	800	1600	Nil.
	(2) Establishment charges ※	(3) 232	232	
3	Health officers	750	1200	
33	Vaccinators	(4) 770	770	
		4765	6155	480
		49980	73860	5760

⊗ Sanctioned in G.O. No. 6828-9 Med 5105 dt 4 4 Feb 1907 for Plague & Sanitary work in the Sanitary Section of the Sen. Surgeon's office.

※ Items (1) & (2) are not embodied in the office note of the Secretary, but added in the office as they will have to be finally sanctioned when officers to which these establishments are needed are sanctioned.

Δ In the Sen. Surgeon's letter 33 to 48 Vaccinators are proposed while in his proposition statement only 33 Vaccinators are provided for, the latter no is embodied in the statement prepared in this office.

Items (1), 2, 3 & 4 which are not mentioned in the Surg's note have been represented by the office, as in their absence the correct financial effect cannot be enquired.

5/4/14

Executive.				
Provisional Sanitary officers 250 – 50/2 – 400	750	1200	"	No allowances
Establishment	183	183	"	Orders have yet to be passed on this. No mention is made in the Surg's note
District Sanitary officers Rs 100 – 25/2 – 200	800	1600		No allowances
Establishment.	232	232.		Orders have yet to be passed. No mention is made in the Surg's note
Health officers Bangalore, Mysore & Kolar Gold Fields 250 – 50/2 – 400	750	1200	150	
Sanitary Inspectors.				To remain as they are. At present there are 19 Sanitary & 3 Asst Sanitary Inspectors employed in the Province under the Health Scheme sanctioned in G. P. Nos 9301–19 & 8th April 1905 and 67=03
3 Vaccinators ⊗	770	770	330	⊗ The Senior Surgeon in his letter No G. 673 dated the 2nd Feb 1907 states that 33 to 48 Vaccinators will be required & provision for only 33 ... orders have yet to be passed. No mention is made in the Surg's note.
Total cost per mensem	4165	6155	480	
Total cost per annum	49980	73860	5760	

e to Rs 2,800/- & 4,750/- respectively per mensem in accordance with the Surg's note.

the pay & allowance of vaccinators as proposed by the Senior Surgeon & Sanitary Comm.r is not specified
il of red ink figures shown in the column "Revised scale".

nitary Comm.r in the revision of the Senior Surgeon's office establishment recently ordered, has been
r. Surgeon & Surg. Comm.r for the Surg. Comm.r's office.

	Executive				
3	Divisional officers $250 - \frac{50}{2} = 400 + 100$		750	1200	300
3	Clerks on Rs 25/- each		75	75	nil
3	do Rs 15/- each		45	45	nil
9	Peons Rs 7/- each		63	63	nil
		Total	933	1383	300
8	Distt Sanitary Officers $100 - 25 = 200 + 50$		800	1600	400
8	Clerks on Rs 15/- each		120	120	"
16	Peons on Rs 7/- each		112	112	"
		Total	1032	1832	400
3	Health officers for Bangalore, Mysore & Kolar Gold Fields (Pay not proposed by the Sanitary Surgeon)		750	1200	
	Sanitary Inspectors Sanctioned in G.P.No. $\frac{9301-19}{mel\ 67-03}$ dt 8th April 1905				
	Vaccine department				
	Pass Vaccinator		40	40	10
9	" " @ Rs 30/- each		270	270	90
23	" " @ Rs 20/- each		460	460	230
	Total		770	770	330
				65	
	Total monthly cost		4480	6640	1350
	Total annual cost		53760	79680	16200

Vaccine department :

9	Deputy Inspectors 4 @ Rs 60/- 5 @ Rs 40/-	440	
95	Vaccinators 8 @ Rs 15/- 45 @ Rs 12/- 42 @ Rs 10/-	1080	
	Local Allowance to Bowringpet Vaccinator	5	
	Total Cost per month	2099	
	Total Cost per annum	25188	

minimum & maximum cost of the pay of office
al & menial establishments
and an allowance of Rs 330/- representin
for the Personal Assistant
establishment pro

			Executive			
		3	Divisional officers 250 - 50/2 - 400 + 100	750	1200	300
		3	Clerks on Rs 25/- each	75	75	nil
		3	do Rs 15/- each	45	45	nil
		9	Peons Rs 7/- each	63	63	nil
			Total	933	1383	300
		8	Distt Sanitary Officers 100 - 25 - 200 + 50	800	1600	400
		8	Clerks on Rs 15/- each	120	120	"
		16	Peons on Rs 7/- each	112	112	"
			Total	1032	1832	400
		3	Health officers for Bangalore, Mysore & Kolar (old Fieldoo) (Pay not proposed by the Sanitary Surgeon)	750	1200	"
			Sanitary Inspectors Sanctioned vide G.P.No. 7301-19 Mil 67-03 dt 8th April 1905			
			Vaccine department			
9	Deputy Inspectors 4@Rs 60/- 5@Rs 40/-	440	1 1st Class Vaccinator	40	40	10
			9 2nd " @Rs 30/- each	270	270	90
95	Vaccinators 8@Rs 15/- 45@Rs 12/- 42@Rs 10/-	1080	23 3rd " @Rs 20/- each	460	460	230
			Total	770	770	330
	Local Allowance to Bowringpet Vaccinator	5			100	
	Total Cost per month	2,099	Total monthly cost	4480	6,640	1350
	Total Cost per annum	25,188	Total annual cost	53760	79680	16,200

1. The minimum & maximum cost of the pay of officer
2. The cost of clerical & menial establishments as mentioned in Supplementaries to Rs 1269/- with an allowance of Rs 330/- represents
3. The establishment sanctioned for the Personal Assistant

Department for the...

Particulars	Revised Scale: minimum pay for the month	Revised Scale: maximum pay for the month	Allowance for the month	Remarks
eparate Sanitary Commissioner				
fficio Sanitary Secretary to Govt ecessary.				
ty Sanitary Comm^r. Rs 500 – 50/2 – 750	500	750	Nil	No allowance except Travelling allowance To be in charge of Vaccine Institute also.
				✱ In G.P. No (6828-9) med 51-05 dt the 4th February 1907, sanctioning a revised scale of establishment for the Senior Surgeon's office it was ordered that the Plague Branch of the Senr. Surgn's office be merged in the separately sec tion of that office + that the work done at present in the Plague Branch be done by an establishment consisting of 3 clerks costing Rs 70/- + that this section be plac directly under the Personal Asstt to the Sanitary Comm^r.
rk Rs 25/-				
" Rs 25/-				
" Rs 20/-				
ms @ Rs 7/ each Rs 14/-				
Total Rs 84/-	84	84	-	
boratory Dept				
boratory asst	80	120		
tendants at 8 Rs each	16	16		
	96	136		

Proposition Statement of

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	Existing scale as shown in the proposition statement received from the Senior Surgeon & Sanitary Commr.			Proposed scale as per Senior Surgeon & Sanitary Commissioner's statement.		
No.	Particulars	Cost per mensem.	No.	Particulars	Minimum pay for the month	Maximum pay for the month
1	Sanitary Commissioner	nil	1	Sanitary Commissioner (ex officio)	nil	nil
1	Personal Assistant	Rs (300+100+30) = 430.	1	Deputy Sanitary Commissioner Rs 500 – 50 – 800 + 300	500	800
2	Peons @ Rs 7/- each (Temporary)			Sanitary Commissioner's office.		
	Senior Surgeon's office (Clerical Branch) Temporary.			Statistical Branch		
1	1st Clerk		1	Manager 75 – 5 – 100	75	100
1	2nd "		1	Statistical Clerk 50 – 4 – 70	50	70
1	3rd "		1	1st Clerk 35 – 2 – 45	35	45
1	4th "		1	2nd Clerk 20 – 2 – 30	20	30
2	Peons			Correspondence Branch.		
			1	1st clerk 40 – 4 – 60	40	60
			1	2nd " 25 – 2 – 35	25	35
			1	Record Keeper 25 – 5 – 35	25	35
			1	Attender	10	10
			1	Typist	20	25
			1	Clerk	15	20
			1	Despatcher	15	20
				Menial Establishment.		
			1	Daffedar	10	10
			6	Peons 3 @ Rs 8/- 3 @ Rs 7/- each	45	45
			2	Lascars	14	14
				Total	399	519
				Laboratory Department		
			1	Laboratory Assistant	80	120
			2	Attendents at Rs 8/- each	16	16
				Total	96	136

READ—

The following letters from the Senior Surgeon and Sanitary Commissioner with the Government of Mysore:—

(1) Letter No. G. 239, dated the 28th September 1906, from Lieutenant-Colonel J. Smyth, I.M.S.

(2) Letter No. G. 673—4, dated the 2nd February 1907, from Major H. E. Drake Brockman, I.M.S., Offg. Senior Surgeon and Sanitary Commissioner with the Government of His Highness the Maharaja of Mysore.

Looking over the heavy toll that disease and death have levied in this State during the past few years, and some of the more important Sanitary Reports by Col. Benson, Lt.-Col. Smyth and the Personal Assistant to the Sanitary Commissioner, one cannot but feel convinced of the very urgent necessity that exists for the formation of an efficient Public Health Department for this State. The feeling is, if possible, enhanced by the fact that there exists at present no really definite or uniform policy as regards Sanitary Administration, and that money is at present literally thrown away in so-called sanitary measures which serve no really sanitary purpose, while in the matter of prevention of epidemics, there is no prompt, efficient and uniform action taken, owing, not only to the employment of unqualified and *ex-officio* officials, but also to the want of clear definition of each one's duties and responsibilities. The necessity for a separate Public Health organization became clearly felt soon after the introduction of Plague into the State in 1898, and Col. Benson in a letter to the then Plague Commissioner advocated the formation of a Health Department, and probably with that officer's concurrence, subsequently formulated a scheme in consultation with Col. King, Sanitary Commissioner to the Government of Madras. The cost of that scheme was certainly moderate, the ultimate additional charge proposed under Provincial Funds being only Rs. 44,042 a year. Nevertheless, the Government that have been spending large sums every year on "so-called" sanitary projects and expensive plague measures, revised that scheme without reference to the Senior Surgeon, with a view to economy, and in that revised scheme which received their approval, the additional charge under Provincial Funds was practically *nil*. This result was secured by mutilating the proposed organization so much as to remove a major portion of its body and leave only disjointed and scattered limbs!

It is a matter of very great surprise to me, mingled with regret, that in this model Native State (which spends proportionately more than others similarly situated, on its Public Services, and rightly so in order to maintain them in a high state of efficiency) the formation of a Sanitary Department even on a modest scale should not have met with approval. It is moreover anomalous that a State possessing an Education Department costing 8 lakhs, a Police Department costing 10 lakhs, a Military Service, 13½ lakhs, a Muzrai Department costing 3½ lakhs and Jails costing 1½ lakhs, should provide, in accordance with the revised sanitary scheme, a budget provision for sanitation and vaccination of only Rs. 33,400 which is less than the provision for the Archæological Department, Public Gardens, and even the Amrut Mahal Cattle. The comparison is most unfavourable as regards the Jail Department, one in which the expenditure yearly allotted is entirely incurred on behalf of the *least deserving portion of the population!*

I need hardly take this opportunity of impressing upon the Government the vital importance of a *well organized* and *efficient* sanitary department and its very intimate association with the welfare of the community at large, as that is a factor so thoroughly now-a-days understood and appreciated by every civilized administration throughout the world, as not to need any further comment from me, but, in the face of painful experiences in connection with the outbreak of plague in India in recent years, which found us as a country totally unprepared to cope with its ravages, I would earnestly urge early and serious re-consideration of this subject.

With reference to the revised scheme sanctioned by Government, I fully concur with Lt.-Col. Smyth's opinion expressed in his letter No. G. 239, dated 28th September 1906, that "if we had every Sanitary Inspector therein sanctioned, Mysore would still have a far-from-perfect sanitary service, and that without adequate supervision, these officials would gradually degenerate into mere costly encumbrances." Lt.-Col. Smyth's modified scheme proposed in the letter referred to above is now under consideration of Government.

I have carefully studied both the original scheme and the one submitted by Col. Smyth, and am of opinion that while containing suggestions of great value, both should be modified in certain important respects, to suit our present needs. In the first place, whatever may be the nature of the scheme which is proposed, a point of the most vital importance for the efficient sanitary administration of a country is that the Sanitary Profession should be represented *directly* in the Government of the land, this is more especially so, when the Department is newly started. The officers that usually constitute Government have not had opportunities of studying the great strides which Sanitary Science has made in recent years in all civilized countries and as a direct result, the immense practical benefits that efficient sanitary organizations have afforded to mankind in countries where they have been provided.

Neither of the above schemes, however, contains the proposal that the Sanitary Commissioner or any other expert in Sanitary Science should be Secretary to Government in the Sanitation Department. In this State, it does not appear to me that there need be any difficulty in sanctioning such a proposal, for in other Departments such as the Public Works Department, Geological, Military and even Muzrai, such direct representation is in vogue.

In the next place, neither of the schemes referred to suggests the entertainment of a full-time Sanitary Commissioner. When the Senior Surgeon to Government was made *ex-officio* Sanitary Commissioner in 1887, the duties pertaining to the latter office consisted mainly of scrutiny and compilation of birth and death returns, supervision of vaccination, and control of cholera epidemics. Since 1887, there has been a very considerable increase in the nature and scope of the duties generally regarded as legitimately pertaining to the office of Sanitary Commissioner. The control of plague operations for which there were special officers formerly, has also since been made part of the Sanitary Commissioner's duties, a condition of affairs without analogy in other large Provinces in India, and all these extra duties, by the way, consolidated into one appointment without any consideration in the way of extra remuneration to him as is done in similar circumstances elsewhere, *e.g.*, Hyderabad. The duties of the Senior Surgeon in the Medicial Department alone moreover have nearly trebled during recent years as comparison will readily prove, on reference to the figures noted below :—

Year	No. of Hospitals and Dispensaries in the State	No. of Medical Officers and subordinates in the State service	No. of sick treated
1887 ...	... 51	... 98	... 3,19,201
1906 ...	... 137	... 237	... 12,30,591

The work in institutions such as the Medical Stores, Lunatic and Leper Asylums which are under the direct charge of the Senior Surgeon, has also increased proportionately since 1887, and the additional duty of Inspector-General of Prisons has also, in recent years, been added on to his multifarious duties without remuneration, a fact also without analogy in any other Province in India! Occasionally the work of Durbar Physician also falls on him when as at present, there is no incumbent of that post. It would thus be clear that it is, at present, practically impossible for the Senior Surgeon to perform the work of Sanitary Commissioner as well, without a properly organised Sanitary Department, with an efficient staff. This point appears to have been omitted in both the schemes owing to the cost involved in securing the services of a competent officer to act as Sanitary Commissioner to Government. But that the point was not forgotten altogether when drawing up the schemes is clear from the fact that other arrangements are proposed to remedy this defect. In the King-Benson scheme the appointment of a full-time Deputy Sanitary Commissioner and a Personal Assistant to the Sanitary Commissioner are proposed. In Col. Smyth's scheme a Personal Assistant is provided for in the General Sanitation Department, while in his letter No. G. 313, dated 16th October 1905 in connection with the re-organization of the Vaccination Department, provision is made for a Deputy Sanitary Commissioner as well. As neither of the abovementioned officers has suggested the entertainment of a full-time Sanitary Commissioner, I do not press the point, but I would urge the appointment of an efficient officer as a *Deputy* to the present Sanitary Commissioner to act in exactly the same capacity as Deputy Sanitary Commissioners do, at the present time, in all other Provinces in India. If a suitably qualified and competent hand be secured for this appointment, I think the duties of the Deputy and the Personal Assistant defined in the original scheme could be combined with advantage, at least for the present, and when the Department is fully organised later on, if the work is found to be too heavy for one man, the separation of the functions may be considered. The Deputy will thus be also Secretary to the Central Sanitary Board. He shall also assist the Sanitary Commissioner in his work as Secretary to Government in the Sanitation Department, and shall for that purpose be termed Under or Assistant Secretary, Sanitation Department, as in the Public Works, Geological and Military Departments. The status of the officer should be analogous to that of the Deputy to the Chief Engineer and the minimum pay for the combined appointment should not be less than Rs. 500. The maximum

might be fixed rising in stated instalments to Rs. 800. In the original scheme an allowance of Rs. 300 and Rs. 200 respectively are provided for the Deputy Sanitary Commissioner and Personal Assistant, but for the combined duties and the additional work now proposed I have provided only an allowance of Rs. 300, *i. e.*, the same as what has been passed by Col. Smyth in his letter No. G. 313, dated the 16th October 1905, for charge of the Vaccination Department.

A further defect in the schemes already proposed is that neither of them contemplates the formation of a State Health Department distinct by itself and apart from the Medical Department proper. Preventive Medicine is now a very wide and recognised special branch of study in itself and as such can usually absorb a man's whole energy, and time and it would not be in keeping with the progress of modern times to have the two Departments, Preventive and Curative, *i. e.*, Sanitary and Medical, mixed up together *permanently*. It is a well established fact that a District Medical and Sanitary Officer whatever may be his general qualification and willingness to work, has practically no time to devote to the study of and attention to Preventive Medicine, in addition to his legitimate duties which should be connected with the treatment of the sick more or less absolutely. I would therefore propose that the District Medical and Sanitary Officers be ultimately and gradually relieved of the actual sanitary portion of their work by Medical graduates of approved merit who have undergone special training in Sanitary Science, as soon as these are available. In order to effect better sanitary control over it, I would propose that the State be divided into three Sanitary Divisions each being placed under a Divisional Sanitary Officer. If sufficiently attractive pay be offered, I feel sure that really good men can *at once* be had to fill these appointments, or failing that, suitable men may be selected from the Medical Department and given the necessary sanitary training in Madras or England which could be completed within a year. A salary commencing at Rs. 250 and rising to Rs. 400 with an allowance of Rs. 150 will, I think, attract the right sort of men. These appointments could be filled up as men become available; in the meanwhile the present District Medical and Sanitary Officers may continue to perform the duties of the Sanitary Department as hitherto and supervise as far as possible the work of the qualified Sanitary Inspectors wherever such have been entertained, and for this additional work they may be given an allowance of Rs. 50 *temporarily*.

I cannot agree to the proposal of confining the reformation to one district to start with, for more efficient sanitary effort is urgently called for *all over the State* and, to be of any real use to the community at large, must be a general and combined effort. The rule regarding the qualifications of Sanitary Inspectors may be relaxed slightly so that men with the necessary sanitary training who agree to pass an examination in Kanarese in six months or a year, may be admitted. These may be posted throughout the State wherever there may be the greatest demand for them. To facilitate the supervision of these Sanitary Inspectors, the present Deputy Inspectors of Vaccination may be given a training as Sanitary Inspectors in Madras as proposed by both Col. Benson and Lt.-Col. Smyth, and afterwards be appointed temporarily as District Sanitary Assistants and Deputy Inspectors of Vaccination, and placed under the District Medical and Sanitary Officers for the time being, and subsequently under the Divisional Sanitary Officers. The pay of these officers might be the same as was proposed in the original scheme with an allowance of Rs. 30 for the additional sanitary work imposed. But when by transfer or retirement, their places become vacant they should be filled up by Medical Officers of the present Sub-Assistant Surgeon's grade who have undergone special sanitary training in Madras. These will then be the District Sanitary Officers and should have control over all Sanitary and Vaccine operations in the district under the direct orders of the Divisional Sanitary Inspector. Their pay may be fixed at from Rs. 100 to Rs. 200 plus an allowance of Rs. 50.

Thus ultimately, the Department would consist of only men who have undergone a special training in Sanitary Science. This is what exists in England and what is being aimed at and brought about in British India at the present time. When smaller Native States like Travancore have already set an example in this direction and maintain a separate Sanitary Department distinct from the Medical, such cannot, and should not, be impossible in Mysore. In addition to the Divisional and District Sanitary Officer, each of the Municipalities of Bangalore and Mysore as heretofore and the Sanitary Board, Kolar Gold Fields, will have to entertain and maintain their own Health Officers. As the pay of these officers will be debited to Municipal and Sanitary Board funds, it is not shown here. The Sanitary service thus formed ultimately, would be a distinct graded service like the Medical and would consist of—

(1) One Sanitary Commissioner *ex-officio* (Secretary to Government, Sanitary Department).

(2) One Deputy Sanitary Commissioner, and Inspector of Vaccination (Under or Assistant Secretary, Sanitation Department) Rs. 500—50—800 plus Rs. 300.

(3) Three Divisional Sanitary Officers Rs. 250—25—400 plus Rs. 150.

(4) Three Municipal Health Officers.

(5) Eight District Sanitary Officers Rs. 100—$\frac{25}{2}$—200 plus Rs. 50.

(6) Sanitary Inspectors as already sanctioned in Government Order No. 9301-19—M. L. 67-03, dated 8th April 1905.

(7) Thirty-three (to 48) vaccinators ranging from Rs. 20 to 40 plus Rs. 10 and necessary clerical establishment (*vide* proposition statement).

The salaries above shown may appear at first sight a bit too liberal when compared with what is being paid in the Medical Department proper, but it must be remembered that Sanitary service is everywhere better paid than the Medical Department on account of the very great risks Sanitary Officers are subjected to in their every day work in connection with dangerous epidemics, and the loss of all income from private practice. There are at present no less than 4 instances of families of Medical Officers and subordinates claiming some kind of compensation on account of death of those officers while discharging plague or other sanitary duties. The amounts proposed are, I think, the least that would attract the right sort of men and offer them sufficient inducement *to remain on* in the Sanitary service, a very important consideration in order to maintain continuity in administration of the department.

The greater bulk of the present plague expenditure would possibly be curtailed by the inauguration of a Sanitary Department on thoroughly efficient lines, effecting a considerable saving to the State under that head. It will also be noted that the officials of the Vaccination Department will ultimately be assimilated into the Sanitary Department as a branch (as in British India) and that though put down here, will not necessitate any extra expenditure, but for purposes of Administration, form an integral branch of the Sanitary Department of the State.

When the Department is organized there will have to be a Public Health Institute attached to it. In my letter No. G. 671, dated 31st January 1907, I have referred to this separately. A Laboratory Assistant on Rs. 80 rising to Rs. 120 plus Rs. 20 and two menials are provided for the purpose in this scheme.

Sanitary Boards :—One of the suggestions in which I fully concur with my predecessors is the formation of Central and District Sanitary Boards. These I consider absolutely necessary for reasons already given by Col. Smyth in the last but one para of his letter No. G. 239, dated the 28th September 1905. The Board as recommended is only consultative and advisory, and cannot therefore hamper the Executive. Such Boards exist in all civilized countries, and in British India they have been working satisfactorily for some years. I would recommend the following modifications in the *personnel* of the proposed Board. In the Central Sanitary Board, in place of the Secretary to Government, General and Revenue Departments, who probably cannot find the required time and is, besides, a part of Government, I would propose the Revenue Commissioner. I would also suggest the appointment of the Deputy Sanitary Commissioner and the Sanitary Engineer to Government as members of the Board in addition to the Sanitary Commissioner and the Chief Engineer, for it would be these officers that would be more conversant with details and local requirements in connection with any proposal that may come before the Board. They should be allowed to vote, as without that privilege it is not likely that they would take the same interest in the deliberations of the Board. The Deputy Sanitary Commissioner should be Secretary to the Central Sanitary Board as stated above.

In the District Sanitary Boards, the Divisional Sanitary Officers and District Sanitary Officers when appointed should be members in addition to the District Medical Officers. The District Medical Officer will be the Secretary as proposed in the original scheme till the Divisional Sanitary Officer is appointed and relieves him of such work. The non-official members proposed should have power to vote, as otherwise they are not likely to take interest in the proceedings of their respective Boards.

The working of the Department will be the same as was proposed in the original, *i. e.*, King-Benson Scheme with the exception that the District Sanitary Officer when appointed will not be subordinate to the District Medical Officer, but will be directly under the orders of the Divisional Sanitary Officer.

The Sanitary Inspectors will be direct subordinates of the District Sanitary Officers but the local Revenue authorities, *i. e.*, Municipal or Local Fund Presidents and Vice-Presidents may give them instructions in ordinary routine work. In cases of urgency in connection with epidemics or other causes, the Sanitary Inspector shall abide by the orders of the local Revenue authorities subject to approval of the same by the District Sanitary Officer. The suggestions as regards funds, made in the original scheme, also meet with my approval.

SUMMARY OF PUBLIC HEALTH SCHI

GOVERNMENT

CENTRAL SANITARY BOARD.

- (1) Sanitary Commissioner (President).
- (2) Revenue Commissioner (Revenue Member).
- (3) Chief Engineer (Engineering Member).
- (4) Deputy Sanitary Commissioner and Inspector of Vaccination (Additional Sanitary Member and Secretary).
- (5) Sanitary Engineer (Additional Engineering Member).

SANITARY COMMISSIONER.

DEPUTY SANITARY COMMISSIONER.

- Divisional Sanitary Officers.
- Public Health Laboratory.
- Sanitary Commissioner's Office.
- Vaccine Institute.
- Health Officers of Bangalore, Mysore and Kolar Gold Fields.

DISTRICT SANITARY BOARDS.

- (1) Deputy Commissioner (President and Revenue Member).
- (2) Divisional Sanitary Officer (Sanitary Member and Secretary).
- (3) District Engineer (Engineering Member).
- (4) District Medical Officer (Medical Member).
- (5) District Sanitary Officer (Additional Sanitary Member).
- (6 & 7) Two Municipal or Local Fund Members (Non-official Members).

DISTRICT SANITARY OFFICER.

SANITARY INSPECTORS.

- Village Heads.
- Conservancy Staff.
- Vaccinators.

As regards the revision of Vaccination Department which was proposed in the original scheme, Government did not at first pass any orders. Subsequently, on Col. Smyth's No. 313, dated the 16th October 1905, Government were pleased to sanction the system of working of the Department without revising the establishment as recommended. It is now requested that the revision of the establishment proposed may also be sanctioned, as without it, it is not possible to work the system efficiently. The total additional cost of the new proposal for the organization of the sanitation and revision of the Vaccination Department will thus be now Rs. 35,772 and ultimately Rs. 56,292. The details are shown in the proposition statement appended. The probable cost of travelling and contingent charges will thus be Rs. 12,000 in addition.

The officers and staff will be appointed gradually according to urgency and as suitable hands become available.

(3) Letter No. G. 829, dated the 26—27th March 1907, from Major H. E. Drake Brockman, I.M.S., Offg. Senior Surgeon and Sanitary Commissioner with the Government of His Highness the Maharaja of Mysore.

In continuation of my letter No. G. 673, dated the 2nd February 1907, forwarding for consideration and sanction of Government a revised and detailed scheme for a Public Health Department for this State, and with reference to the conference held in the Council Chamber on Saturday, March 16th, I beg herewith to forward a list of certain items which were revised in consultation at the time with regard to the pay of certain officials, ultimately to be appointed in connection with this scheme, *viz.*:—

Deputy Sanitary Commissioner's pay to be Rs. 500-50-750, increments biennially.

Divisional Health Officers (one for each section) Rs. 250-50-400, increments biennially.

Beyond the above mentioned amended items it was agreed that the entire scheme should stand.

The Health Officers for the Cities of Bangalore, Mysore and Kolar Gold Fields are items urgently required, and considering the long-felt necessity for the same I would urge very early orders being passed by Government as to their entertainment.

As regards the Divisional Health Officers it was suggested, and I think rightly, that a commencement should at once be made by the appointment of one such duly qualified to the Western Circle, which includes the most unhealthy portions of the State, *e.g.*, Shimoga, etc.

The incidence of diseases such as cholera and small-pox recently in epidemic form call for early measures, and if early orders on the subject be kindly passed, it will enable me to set about organizing details, as I may point out that it will be a matter which cannot be done in a hurry as a careful selection of really competent and suitable officials will have to be made and there is a large mass of detail and administration which will have to be gone into very thoroughly by me in starting this scheme in order to ensure success, which I am confident of, as results will, I feel sure, speedily prove.

As regards the question of finance, I was requested at the Council Meeting to suggest, if possible, any retrenchments in the Medical Department or transference of funds in order to meet the extra expenditure to be incurred. I much regret, after carefully going into details, that I am unable to suggest any such from any available source at present, and moreover would not advise tampering with the budget heads of a Department whose needs are so dependent upon influences outside our control, which may at any moment require large additions to its income in order to meet immediate developments, as the vagaries of disease and its incidence are dependent upon factors which cannot usually be foreseen, I regret to say, so that if budget grants are diminished, it may mean many and urgent applications to Government for their refund at any moment, which is undesirable.

I may add that if my scheme is given a full and fair trial, I can guarantee results in a very short space of time, and anticipate certain savings in the plague allotments. I also hope to carry on the Vaccine Institute upon lines which should give a handsome return to the Government; in this and in many little ways I feel sure we shall get more than a return for our money in the long run.

In conclusion I beg to express a hope that early orders may be issued by Government on this most important matter, as it has been one which has remained shelved more or less far too long, and if postponed much longer, may possibly recoil upon us in a very unpleasant manner.

READ ALSO—

The following extracts from letter No. G. 440½, dated the 27th May 1903, from Colonel P. H. Benson, Senior Surgeon and Sanitary Commissioner, referred to in the second of the letters read above:—

6. *The duties of the Central Sanitary Board* will be to consider all Sanitary schemes involving an expenditure of over Rs. 1,000 forwarded by the Sanitary Commissioner, or by District Boards or other authorities through him, and if the expenditure be not above Rs. 20,000 accord or refuse its sanction for their execution as it may deem fit. When a scheme is estimated to cost over Rs. 20,000 the Central Sanitary Board will place the scheme before Government, together with the full papers and an expression of its advice for final disposal by Government, provided no action need be taken when the Board is of opinion a scheme should not be carried out. The work of the Board will be conducted by circulating papers, and by special meetings when thought necessary by the President.

7. *The Sanitary Commissioner to Government* will be responsible direct to Government for the administration of the entire Department. He shall have power to pass all schemes involving an expenditure of not more than Rs. 1,000. In the case of all schemes costing over Rs. 1,000 the District Boards and Municipalities shall submit to such methods of control of expenditure as the Central Sanitary Board may from time to time direct. The Sanitary Commissioner will also be *ex-officio* member of all Sanitary Boards.

8. *The Personal Assistant to Sanitary Commissioner* as Secretary, will have no power to vote. His duties will be to receive all communications addressed to the Board, and lay them before the President, to record all proceedings of the Board and to carry out the orders of the President. As Personal Assistant to the Sanitary Commissioner, he will be in charge of the Vaccine Institute, and assist the Sanitary Commissioner in all scientific branches of his work.

9. *The Deputy Sanitary Commissioner* will also be Inspector of Vaccination. He will, of course, be subordinate to the Sanitary Commissioner. His duties will be to assist the Sanitary Commissioner in controlling and administering the Sanitary staff and in supervising Vaccination and Registration of Vital Statistics throughout the Province, and in carrying out such sanitary inspection as he may specially, and from time to time, be deputed to undertake by the Sanitary Commissioner.

10. *The Sanitary Engineer's duties* will remain the same as hitherto with the exception that he will perform his work in accordance with the orders of the Sanitary Board, and all schemes drawn up by him must be submitted to the Sanitary Commissioner or the Central Sanitary Board through the Sanitary Commissioner, for approval according as the cost involved is below or over Rs. 1,000 in each case.

11. *The Special Health Officers of Bangalore and Mysore Cities* will be directly subordinate to the Sanitary Commissioner.

12. *The Sanitary Commissioner's Office* will consist of three branches, *viz.*, (1) the Vital Statistical (2) Public Health and General Correspondence and (3) Minor Engineering. This latter is provided for the drawing up of plans and estimates for all minor and petty works that the Sanitary Commissioner may require from time to time and for issue of type designs for such works, all other works being attended to by the Sanitary Engineer's Department as hitherto.

13. *District Sanitary Boards.*—At present all matters in connection with sanitation in the different districts (rural areas) are dealt with by the Local Fund Boards composed of the Deputy Commissioner as President, the District Engineer and Amildars as members, the District Medical and Sanitary Officer as an *ex-officio* member having but little voice in the matter. In order that Sanitary works may in future receive more attention, it is proposed to have in addition to the above Local Fund Board, a District Sanitary Board which will relieve the Local Fund Board of all duties in connection with sanitation in the district. The District Sanitary Board shall be composed of the following *ex-officio* members :—

(1) The Deputy Commissioner, President and Revenue Member.
(2) District Medical and Sanitary Officer, Secretary and Member.
(3) Executive Engineer of the District, Engineering Member.

14. Additional members not exceeding two in number may be appointed by the Board from time to time. These shall be members of the Local Fund Board or Municipalities in the district elected temporarily at a meeting, with reference to their local knowledge in connection with schemes relating to areas in which they are concerned. These members shall retain their seats in the District Sanitary Board until the completion of such works or rejection of the schemes with reference to the special knowledge of which their election shall have been decided upon by the District Board. Their memberships shall then be relinquished. These additional members shall have no vote.

15. Schemes for sanitary improvements may be submitted by any official or tax-payer to the District Sanitary Board. The Board will consider all such schemes every year, will draw up before time of budget, proposals for the expenditure of allotment, retaining portion for minor emergent schemes that may be required during the year. Before final embodiment in the budget, the proposals should receive the sanction of the Sanitary Commissioner.

16. Sanitary works shall be classified as "Major," "Minor" and "Petty." Major works shall include undertakings involving expenditure of and over Rs. 1,000. Minor works shall include undertakings of and above Rs. 50 and up to Rs. 1,000. Petty works shall include undertakings costing below the sum of Rs. 50.

17. Plans and estimates for all major works shall be undertaken under the supervision and advice of the Sanitary Engineer to Government. Minor sanitary works shall be undertaken by the District Boards and District Municipalities, both as to preparation of schemes or plans and their execution, with the advice of the District Sanitary Board, but when any single work is estimated to cost Rs. 200 or more, the plans and estimates prepared by the District Sanitary Board, shall, before execution of the works, be approved by the Sanitary Commissioner. Petty Sanitary works shall be executed under such Agency as District Boards and Municipalities may direct. In the execution of these works, the authorities will follow standard designs as far as possible.

18. Before proceeding to execution, Local Fund Boards and Municipalities shall refer plans and estimates for Sanitary works other than those classed as petty to the District Sanitary Board of the District concerned, for approval by the Sanitary Commissioner, or the Central Sanitary Board, as the case may be.

19. Copies of all resolutions passed by the District Sanitary Board shall be forwarded for information of the Central Sanitary Board addressed to the Secretary to that Board, and when the works referred to are not of a nature requiring the formal approval of the Central Sanitary Board, it shall nevertheless be allowable that the latter shall in its discretion call for plans and estimates and advise thereon as it may think fit. But it shall be understood that if within ten days of acknowledgment of receipt of such resolution no request for plans and estimates has been made by the Board, the District Sanitary Board shall be entitled to carry out works without further reference.

20. In the event of the Sanitary Commissioner objecting on Sanitary grounds to any proposals made, he should serve notice to the District Sanitary Board, which should desist from effecting such arrangements objected to until it has received either a written or personal explanation from that officer. If the District Sanitary Board be of opinion that the objection should be overlooked, the matter may be referred by the Sanitary Commissioner, at his discretion, either to Government or to the Central Sanitary Board. The decision received from either of these authorities shall be considered final.

21. All correspondence addressed to the District Sanitary Board shall be forwarded to the Secretary, and all Proceedings of that Board shall be issued under the signature of that officer. All correspondence affecting Sanitary matters in areas under the charge of the District Boards and Municipalities other than those of Bangalore and Mysore, shall be addressed by Members of these bodies and by the District authorities concerned through the District Medical and Sanitary Officer to the President of the Board concerned and in the case of Bangalore and Mysore through the respective Health Officers.

41. *Funds.*—Government will every year allot a certain portion of its total Provincial Revenue to Sanitation and will allot it on the advice of the Central Sanitary Board. Out of this fund, will be met the permanent charges of the offices of the Sanitary Commissioner, the Sanitary Engineer, the Deputy Sanitary Commissioner, Vaccine Institute, the pay and allowance of the District Health Officer, cost of his staff as well as that of District Medical and Sanitary Officer, Deputy Inspectors of Vaccination and Taluk Vaccinators. Out of the balance will be met the varying charges under the head of annual loans and grants to local bodies for major Sanitary works.

42. Local Fund Boards and Municipalities will, in consultation with the District Sanitary Board, allot as much funds as are available for Sanitation. Such allotments shall, in the case of the Local Fund Boards, be not less than 15 per cent of the total current income, and in the case of Municipalities, not less than 30 per cen Of these allotments, a portion will be placed at the disposal of the Amildars or Presidents of Municipalities towards permanent charges of the Sanitary ministerial and menial establishments. The balance will be placed at the disposal of the District Sanitary Board towards varying charges under the heads of—

(1) Sanitary works and repayment of loans for such works.

(2) Epidemic charges—reserve,

(3) General Sanitary apparatus and conservancy plant.

(4) Contingencies including petty works and repairs to plant.

43. The following is an abstract statement of source and expenditure of Sanitary Funds:—

THE GOVERNMENT SANITARY ALLOTMENT.

(As much as available every year.)

PROVINCIAL FUNDS.

PERMANENT CHARGES.	VARYING CHARGES.
Offices of Sanitary Commissioner, the Sanitary Engineer, Deputy Sanitary Commissioner, Vaccine Institute, Offices of the District Medical and Sanitary Officers, District Health Officers and their staff, Deputy Inspectors of Vaccination and Taluk Vaccinators.	Annual grants and loans to local bodies for major Sanitary works.

LOCAL AND MUNICIPAL FUNDS.

(As much as available but not less than 30 per cent of current revenue in the case of Municipalities and 15 per cent in the case of District Fund Boards.)

PERMANENT CHARGES.	VARYING CHARGES.			
Sanitary ministerial and menial establishments.	(1) Sanitary works, major and minor, repayment of loans for such works.	(2) Epidemic charges reserve.	(3) General Sanitary apparatus and conservancy plant.	(4) Repairs to plant and contingencies including petty works.

VACCINATION DEPARTMENT.

44. As the Vaccination Department forms part of the General Sanitation Department, the question of its reorganization is taken up with that of the Health Department. In April 1889, the Department was placed under the immediate supervision of the District Revenue authorities as the District Medical Officers found it impossible to exercise sufficient supervision without prejudice to their own duties. In the scheme now proposed, the Deputy Sanitary Commissioner will also be Inspector of Vaccination and the District Medical and Sanitary Officers with the help of the District Health Officers will be able to control Vaccination work in the Districts. It is therefore proposed that the Deputy Inspectors of Vaccination and the Vaccinators be placed entirely subordinate to the District Medical Officers. This will relieve the District Revenue Officers of their present anomalous position of having to supervise work of a professional nature without their possessing any knowledge of the same.

50. For Vaccination work to be conducted efficiently according to the abovementioned scheme, it is necessary that the personnel of the Department should be improved. The present Vaccinators are of a class little better than peons and their educational qualifications are also about the same. In the scheme now proposed the pay and prospects of the Vaccinators are raised so that only persons that have passed at least the Middle School or Lower Secondary examinations will be entertained. It is also proposed to mount the Vaccinators, as when they are mounted, they will be able to visit more villages than hitherto. It is hoped that one mounted Vaccinator will be able to do the work of three of the present Vaccinators. In the proposition statement therefore only one mounted Vaccinator is provided in the place of three existing.

51. Perhaps it may be found that in certain localities three taluks cover too extensive an area to be managed by a single Vaccinator under this system, though he may be mounted. In that case it may be necessary to appoint additional Vaccinators not more than 15. The appointment of 15 additional Vaccinators will cost Rs. 5,400 more a year than what is now proposed.

Proceedings of the Government of His Highness the Maharaja of Mysore,

No. 1378-92—SAN. 93-06-8, DATED BANGALORE, 10th AUGUST 1907.

ORDER THEREON.—In August 1903, Lieutenant-Colonel Smyth, the then Senior Surgeon and Sanitary Commissioner, submitted to Government a scheme prepared by Colonel Benson for the formation of a Health Department in the State. The Government in their Order No. 9301-19—Ml. 67-03, dated the 8th April 1905, while regretting their inability, under existing conditions, to accord sanction to the scheme in its entirety, sanctioned as a useful instalment of Sanitary improvement, a modified scheme for the training and employment of certified Sanitary Inspectors for improving the sanitation of Municipal towns and rural parts in the State. Under this scheme there are at present 19 Sanitary Inspectors and three Assistant Sanitary Inspectors employed in several parts of the State, including the Bangalore and Mysore City Municipalities.

2. In September 1906, Lieutenant-Colonel Smyth represented that the scheme sanctioned as above could not be carried out in its entirety throughout the State, as the services of a sufficient number of qualified men could not at once be procured, and suggested that a beginning in the way of organizing a regular Sanitary staff might be made in the case of a selected district or two, the Mysore District being taken up first. His proposals involved (i) the appointment of a qualified officer of the rank of Sub-Assistant or Assistant Surgeon as District Sanitary Officer with a full complement of Sanitary Inspectors, one for each taluk, and (ii) the training of the existing Deputy Inspectors of Vaccination as Sanitary Inspectors. He also recommended the formation of Central and District Sanitary Boards as suggested by Colonel Benson in his original scheme. Lieutenant-Colonel Smyth considered that if District Sanitary Officers of the rank suggested by him were appointed, a District Sanitary Officer with a Deputy Inspector of Vaccination might be able to attend to the work of two districts instead of one.

3. While this scheme was under the consideration of Government, Lieutenant-Colonel Smyth went on leave and Major Drake Brockman, who succeeded him as Senior Surgeon and Sanitary Commissioner, considered that both Colonel Benson's original scheme and the one submitted by Lieutenant-Colonel Smyth required modifications in certain important respects to suit present needs. The modifications finally suggested by him have been duly considered, and Government are pleased to sanction the following proposals for the constitution of a Department of Public Health in the State :—

(1) The Senior Surgeon will continue to be *ex-officio* Sanitary Commissioner, and as such will be directly responsible to Government for the administration of the entire Department.

(2) As the Sanitary Commissioner has various other duties also attached to his office, he will be given a full-time Deputy, who will relieve him of all routine work and assist him in controlling and administering the Department. The Deputy Sanitary Commissioner will also be Inspector of Vaccination. His pay will be fixed at Rs. 500 rising to Rs. 750 by biennial increments of Rs. 50.

(3) The State will be divided into three Sanitary Divisions and for each Division a Divisional Sanitary Officer will be appointed on a pay of Rs. 250 rising to Rs 400 by biennial increments of Rs. 50. One such officer will be immediately appointed to the Western Division, which includes the most unhealthy portions of the State, such as Shimoga.

(4) For the eight districts, there will be eight District Sanitary Officers subordinate to the Divisional Sanitary Officers. They will be Medical Officers of the present Sub-Assistant Surgeon's grade who have undergone special training in Sanitation. Their pay will be Rs. 100 rising to Rs. 200 by biennial increments of Rs. 25. They will control the work of the Sanitary and Assistant Sanitary Inspectors and Vaccinators, systematically inspect towns and villages in respect of sanitation and the prevention of epidemics, and supervise the registration of vital statistics.

(5) Health officers will be appointed for the Cities of Bangalore, Mysore and the Kolar Gold Fields Sanitary Circle on the same pay as the Divisional Sanitary Officers, *viz.*, Rs. 250 rising to Rs. 400 by biennial increments of Rs. 50. They will be given a conveyance allowance of Rs. 50 per mensem in addition.

Sanitary, dated 10th August 1907.

(6) The appointment of Sanitary Inspectors and Assistant Sanitary Inspectors shall be regulated by the Government Order of April 1905, but in order to secure the required number of men, the rules regarding their qualifications will for the present be slightly relaxed. Accordingly it is proposed that men who may be ignorant of Kanarese but possess all the other qualifications may be appointed, provided they are prepared to pass an examination in Kanarese within one year of admission. Sanitary and Assistant Sanitary Inspectors will be directly subordinate to the District Sanitary Officer, but the local Revenue authorities, *viz.*, Municipal and Local Board Presidents and Vice-Presidents, may issue instructions to them in regard to ordinary routine work. In cases of urgency such as the outbreak of epidemics, they shall abide by the orders of the local Revenue authorities subject to approval of the same by the District Sanitary Officer.

(7) As men who are qualified for appointment as District Sanitary Officers as above are not available at present, the Deputy Inspectors of Vaccination will be given a training in Sanitation at Madras or elsewhere as early as possible and then appointed temporarily as "District Sanitary Assistants and Deputy Inspectors of Vaccination." They will be in charge of the duties of District Sanitary Officers, until their places become vacant by transfer, retirement, or death, when they will be replaced by duly qualified District Sanitary Officers. During the period of training they shall get their present pay. After training when they are appointed as "District Sanitary Assistants," their pay will be fixed at Rs. 80 for those who are now in the second grade of "Deputy Inspectors of Vaccination" and Rs. 100 for those in the first grade. During the time the Deputy Inspectors of Vaccination are under training, the present District Medical and Sanitary Officers will supervise the work of vaccination in their districts. The District Sanitary Assistants will be subordinate to the Divisional Sanitary Officers, but until these are appointed, they shall work under the present District Medical and Sanitary Officers. When District Sanitary Officers are appointed, the District Medical and Sanitary Officers will cease to be called Sanitary Officers; and the temporary class of "District Sanitary Assistants and Deputy Inspectors of Vaccination" will also cease to exist.

(8) The work of vaccinators is not properly supervised now and the men selected as vaccinators are not of the right sort. It is proposed to get a better quality of work turned out by a much smaller number of men who will be mounted and will be much better paid. The Senior Surgeon's proposal to reduce the number of vaccinators from 95, getting Rs. 10, 12 and 15 to 33 getting Rs. 20, 30 and 40 according to grades, plus a horse allowance of Rs. 10, which involves a slight excess in the cost, is sanctioned.

(9) A Central Sanitary Board for the State and District Sanitary Boards for each district will be constituted as follows:—

CENTRAL SANITARY BOARD.

1. Sanitary Commissioner (President).
2. Revenue Commissioner (Revenue Member).
3. Chief Engineer (Engineering Member).
4. Deputy Sanitary Commissioner (Additional Sanitary Member and Secretary.)
5. Sanitary Engineer (Additional Engineering Member).

DISTRICT SANITARY BOARD.

1. Deputy Commissioner (President and Revenue Member).
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3. District Engineer (Engineering Member).
4. District Medical Officer (Medical Member).
5. District Sanitary Officer (Additional Sanitary Member and Secretary).
6. & 7. Two Municipal or Local Fund Board Members (Non-official Members).

NOTE.—Until a District Sanitary Officer is appointed, the District Medical Officer will be Secretary to the Board.

(3) General Sanitary apparatus and conservancy plant.

(4) Contingencies including petty works and repairs to plant.

43. The following is an abstract statement of source and expenditure of Sanitary Funds:—

THE GOVERNMENT SANITARY ALLOTMENT.

(As much as available every year.)

PROVINCIAL FUNDS.

PERMANENT CHARGES.	VARYING CHARGES.
Offices of Sanitary Commissioner, the Sanitary Engineer, Deputy Sanitary Commissioner, Vaccine Institute, Offices of the District Medical and Sanitary Officers, District Health Officers and their staff, Deputy Inspectors of Vaccination and Taluk Vaccinators.	Annual grants and loans to local bodies for major Sanitary works.

LOCAL AND MUNICIPAL FUNDS.

(As much as available but not less than 30 per cent of current revenue in the case of Municipalities and 15 per cent in the case of District Fund Boards.)

PERMANENT CHARGES.	VARYING CHARGES.			
Sanitary ministerial and menial establishments.	(1) Sanitary works, major and minor, repayment of loans for such works.	(2) Epidemic charges reserve.	(3) General Sanitary apparatus and conservancy plant.	(4) Repairs to plant and contingencies including petty works.

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NOTE.—Until a District Sanitary Officer is appointed, the District Medical Officer will be Secretary to the Board.

It shall be the duty of the District Sanitary Board to advise Municipal and District Boards in regard to all schemes for Sanitary improvement which may be under the consideration of such Boards. All schemes involving an expenditure of over Rs. 1,000 shall be submitted to the Central Sanitary Board. It shall be the duty of the Central Sanitary Board to consider all such schemes and advise Government as to their desirability. As regards the delegation of additional duties and powers to the Central and District Sanitary Boards and the funds to be administered by them, the Sanitary Commissioner will be requested to submit proposals after consultation with the Municipal and District Boards and the Central and District Sanitary Boards.

(10) The establishment of 3 clerks and 2 peons costing Rs. 84, sanctioned in Government Order No. 6828-9—Med. 51-05-11, dated 4th February 1907, for the Sanitary branch of the Senior Surgeon's office and ordered to be placed directly under the Personal Assistant to the Sanitary Commissioner, will be continued and shall work under the Deputy Sanitary Commissioner. The Government are unable to sanction the additional establishment costing from Rs. 399 (minimum) to Rs. 519 (maximum) asked for by the Senior Surgeon and Sanitary Commissioner for his office.

(11) The Senior Surgeon proposes that after the Health Department is organized there should be a Public Health Institute with a Laboratory attached to it. For work in the Laboratory a Laboratory Assistant on Rs. 80 rising to Rs. 120 by biennial increments of Rs. 10 and 2 attendants on Rs. 8 each are sanctioned.

4. The financial effect of the proposals as shown in the detailed and abstract statements marked A and B appended to this Order, will be a total annual minimum and maximum cost of Rs. 55,740 and Rs. 79,620 respectively, as against Rs. 25,188, the present cost, resulting in an increase of Rs. 30,552 rising to Rs. 54,432. This estimate includes the pay and allowance of the three Health Officers for the Bangalore and Mysore Cities and the Kolar Gold Fields, which have to be borne by the two Municipalities and the Kolar Gold Fields Sanitary Board, respectively, and thus the charge on the General Revenues will be a minimum of Rs. 44,940 and a maximum of Rs. 63,420. Having regard to the advantages to be derived from the appointment of specially trained officers as Health Officers of these important Cities and the Kolar Gold Fields, Government have no doubt that the Municipal Councils and the Kolar Gold Fields Sanitary Board will readily agree to bear the cost of the Health Officers from their funds. The Presidents of the Bangalore and Mysore City Municipalities and the Kolar Gold Fields Sanitary Board are accordingly requested to place this subject before their respective Boards and submit their resolutions for the orders of Government.

5. The additional annual expenditure that would have to be incurred when the scheme is brought fully into operation would be Rs. 38,232, but Government are in hopes that considerable savings could be effected in the plague expenditure and some profits shown from the Vaccine Institute to set off against this additional expenditure. As regards plague charges, the later investigations by the Bacteriologists in Bombay would point to the uselessness of maintaining large inspection staffs for plague inspection in the Cities and also on the frontier, and these may perhaps be dispensed with and the cost incurred on them saved.

6. The Senior Surgeon is requested to state how he would propose to group the districts with a view to form the three Sanitary Divisions to be placed under the Divisional Sanitary Officers.

C. S. BALASUNDARAM IYER,
Offg. Secy. to Govt., Gen. & Rev. Depts.

To—The Senior Surgeon and Sanitary Commissioner with the Government of Mysore.
The Comptroller, Mysore Government.
The Chief Engineer in Mysore.
The Revenue Commissioner in Mysore.
The Deputy Commissioners of Districts and Presidents of the Municipal and District Boards.
The Presidents of the City Municipalities of Bangalore and Mysore.
The President, Sanitary Board, Kolar Gold Fields.

Exd.—C. V.

A.—Proposition statement of the Health Department for the Mysore State.

Existing scale (as shown in the proposition statement received from the Senior Surgeon and Sanitary Commissioner)			Proposed scale as per Senior Surgeon and Sanitary Commissioner's statement					Sanctioned scale					Remarks
No.	Particulars	Cost per mensem	No.	Particulars	Minimum pay for the month	Maximum pay for the month	Allowance for the month	No.	Particulars	Minimum pay for the month	Maximum pay for the month	Allowance for the month	
		Rs.			Rs.	Rs.	Rs.			Rs.	Rs.	Rs.	
1	Sanitary Commissioner	*Nil*	1	Sanitary Commissioner (*Ex-officio*) ...	*Nil*	*Nil*	*Nil*	1	Sanitary Commissioner (*Ex-officio*)	...	...	...	
1	Personal Assistant ...	(300+100+30) =430	1	Deputy Sanitary Commissioner Rs. 500—50—800+300 ...	500	800	300	1	Deputy Sanitary Commissioner, Rs. 500—50—750 ...	500	750	...	
2	Peons at Rs. 7 each (temporary) ...	14	...	Sanitary Commissioner's Office, Statistical Branch—					Office Establishment—				
	Senior Surgeon's Office Plague Branch (temporary)—		1	Manager, Rs. 75—5—100 ...	75	100	...	1	Clerk, Rs. 25	25	25	...	Already sanctioned in Government Proceedings No. 6828 9—Medical 51-05, dated the 4th February 1907.
1	Head Clerk ...	50	1	Statistical Clerk, Rs. 50—4—70 ...	50	70	...	1	Clerk, Rs. 25	25	25	...	
1	2nd ,, ...	30	1	Deputy Clerk, Rs. 35—2—45 ...	35	45	...	1	Clerk, Rs. 20	20	20	...	
1	3rd ,, ...	20	1	Clerk, Rs. 20—2—30	20	30	...	2	Peons at Rs. 7 each ...	14	14	...	
1	4th ,, ...	15	...	Correspondence Branch—									
2	Peons	15	1	Head Clerk, Rs. 40—4—60 ...	40	60	...						
			1	2nd Clerk, Rs. 25—2—35... ...	25	35	...						
			1	Record-keeper, Rs. 25—5—35 ...	25	35	...						
			1	Attender	10	10	...						
			1	Typist	20	25	...						
			1	Clerk	15	20	..						
			1	Despatcher	15	20	...						
				Menial establishment—									
			1	Dafadar	10	10	...						
			6	Peons, 3 at Rs. 8 and 3 at Rs. 7 each	45	45	...						
			2	Lascars	14	14	...						
				Total ...	309	519	...		Total Rs. 84 ..	84	84	...	

A.—Proposition Statement, etc.—*concld.*

No.	Existing scale		No.	Proposed scale				No.	Sanctioned scale				Remarks
	Particulars	Cost per mensem		Particulars	Minimum pay for the month	Maximum pay for the month	Allowance for the month		Particulars	Minimum pay for the month	Maximum pay for the month	Allowance for the month	
		Rs.		Laboratory Department—	Rs.	Rs.	Rs.		Laboratory Department—	Rs.	Rs.	Rs.	
			1	Laboratory Assistant	80	120	20	1	Laboratory Assistant ...	80	120	...	
			2	Attendants at Rs. 8 each... ...	16	16	...	2	Attendants at Rs. 8 each ...	16	16	...	
				Total ...	96	136	20		Total Rs...	96	136	...	
				Executive—					Executive—				
			3	Divisional Officers Rs. 250—5^0—400+100	750	1,200	300	3	Divisional Sanitary Officers Rs. 250—5^0—400 ...	750	1,200	...	
			3	Clerks on Rs. 25 each	75	75	*Nil*	3	Clerks on Rs. 25 each ...	75	75	...	
			3	Clerks on Rs. 15 each	45	45	*Nil*	3	Clerks on Rs. 15 each ...	45	45	...	
			9	Peons on Rs. 7 each	63	63	*Nil*	9	Peons on Rs. 7 each ...	63	63	...	
				Total ..	933	1,383	300		Total ...	933	1,383	...	
			8	District Sanitary Officers Rs. 100—25—200+50	800	1,600	400	8	District Sanitary Officers, Rs. 100—2^5—200 ...	800	1,600	...	
			8	Clerks on Rs. 15 each	120	120	...	8	Clerks on Rs. 15 each ...	120	120	...	
			16	Peons on Rs. 7 each	112	112	...	16	Peons on Rs. 7 each ...	112	112	...	
				Total Rs...	1,032	1,832	400		Total Rs...	1,032	1,832	...	
			3	Health Officers for Bangalore, Mysore and Kolar Gold Fields ...	750	1,200	...	3	Health Officers, Bangalore, Mysore and Kolar Gold Fields, Rs. 250—5^0—400+50	750	1,200	150	
				(Pay not proposed by the Senior Surgeon)—					Sanitary Inspectors ...	...	...	...	To remain as they are. At present there are 19 Sanitary and three Assistant Sanitary Inspectors employed in the Province under the Health
				Sanitary Inspectors (sanctioned in Government Proceedings No. 9301-19-MI. 67-03, dated 8th April 1905)—					Vaccine Department—				
Vaccine Department—								1	1st Class Vaccinator ...	40	40	10	
Deputy Inspectors 4 at Rs. 60	440			Vaccine Department—				9	2nd Class Vaccinators at Rs. 30 each	270	270	90	
5 at Rs. 40 ...			1	1st Class Vaccinator	40	40	10						

Vaccinators 8 at Rs. 15, 45 at Rs. 12 ... 42 at Rs. 10 ..	1,080	9	2nd Class Vaccinator at Rs. 30 each..	270	270	90	23	3rd Class Vaccinators at Rs. 20 each ..	460	460	230	Scheme sanctioned in Government Proceedings No. 9301-19—M1. 67-03, dated 8th April 1905.
		23	3rd Class Vaccinator at Rs. 20 each...	460	460	230						
Local allowance to Bowringpet Vaccinator	5											
			Total Rs...	770	770	330		Total Rs...	770	770	330	
Total cost per month.. ...	2,099		Total monthly cost ...	4,460	6,640	1,350		Total cost per mensem ...	4,165	6,155	480	
Total cost per annum ...	25,188		Total annual cost ...	53,760	79,680	16,200		Total cost per annum ...	49,980	73,860	5,760	

B.—Abstract Statement.

Personal Assistant to the Sanitary Commissioner ...	480		Deputy Sanitary Commissioner ...	500	850	300	1	Deputy Sanitary Commissioner	500	750	...	
Establishment charges ...	144		Establishment charges	309	519	Nil		Establishment charges ...	81	84	...	Sanctioned in Government Progs. No. 6828-9-Med. 51-05, dated 4th February 1907.
Vaccine Institute—			Laboratory Department	96	136	20		Laboratory Department ...	96	136	...	
Deputy Inspectors of Vaccination and Vaccinators 9+95	1,525	3	Divisional Officers	750	1,200	300	3	Divisional Sanitary Officers ...	750	1,200	...	
			Establishment charges	183	183	Nil		Establishment charges ...	183	183	...	
		8	District Sanitary Officers	800	1,600	400	8	District Sanitary Officers ...	800	1,600	...	
			Establishment charges	232	232	Nil		Establishment charges ...	232	232	...	
		3	Health Officers	750	1,200	Nil	3	Health Officers	750	1,200	150	
		33	Vaccinators...	770	770	330	33	Vaccinators...	770	770	330	
Total for the month ...	2,099			4,460	6,640	1,350			4,165	6,155	480	
Total for the year ...	25,188			53,760	79,680	16,200			49,980	73,860	5,760	

1907-08

GOVERNMENT OF HIS HIGHNESS
THE MAHARAJA OF MYSORE

SANITARY

PROCEEDINGS

Dated 10th August 1907

No. 1378-92
San. 93-06-8.

Sanctions the scheme for the constitution of a Department of Public Health in the State.

GPB—13-8-07—200

File N

Serial N

Diary No. of letter replied

General and Revenue Secretariat

6113
190

No A3937

Date of issue 26.12.07

Signed by

To

1) The Sr. Sn of Sanit. Commr
2) The Rev. Commr

Sir.

I am directed to Communicate to you the enclosed copy of certain remarks made by the Hon'ble upon the Scheme for the formation of the D Public Health Dept / 2. Civil Vet Dept

and to request you to favour forthwith your views as to why the ~~Govt order on the~~ Scheme should not be reconsidered & suitably modified in the light of

over.

SUBJECT

the observations
by the Financial

~~I have~~

I am desired to ~~ask~~ request
the favour of an early
reply

I have &c

CSB

Copied by

Examined by

GPB—3,000—1-3-07

No. 6113.

(1)

Confidential

From

C.S. Balasundaram Iyer Esq, B.A.

Offg. Secretary to the Government of Mysore,

General and Revenue Departments,

To

The Senior Surgeon & Sanitary Commissioner

with the Government of Mysore.

Dated Bangalore, 26th December 1907.

Sir,

I am directed to communicate to you the enclosed copy of certain remarks made by the Financial Secretary upon the Scheme for the formation of the Public Health Department and to request you to favour Government with your views as to why the scheme should not be reconsidered and suitably modified in the light of the observations made by the Financial Secretary.

I am desired to request the favour of an early reply.

I have &c,

Sd/- C.S. Balasundaram Iyer.

Offg. Secretary to Government.

Acknowledged
TM
11/2/08

Bangalore
11. 2. 08

Dear Sir

May I invite your attention to my confdl letter no 6113 dy 26th Dec 07 communicating to you certain remarks made by the Financial Secretary upon the formation of the Public Health Dept and request you to favour me with your reply thereto at an early date.

Yours truly

[illegible]
11/2/08

Major H. E. Drake Brockman.

D 6267

7. M. 93-06-10

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Letter No. P. 3223 Enc.

Office of the ~~Senior Surgeon and~~ Sanitary Commissior

Dated, Bangalore, the 28 February 1908

From Major H.E.Drake-Brockman,
LT-COL.-JOHN SMYTH,-M.D.,-I.M.S.,
~~*Senior Surgeon and*~~ *Sanitary Commissioner, with the Government of His Highness the Maharaja of Mysore,*
BANGALORE.

To C.S.Balasundram Iyer Esq,B.A.,
Secretary to the Government of His Highness the Maharaja of Mysore, General and Revenue Departments,
BANGALORE.

~~PLAGUE~~
~~---~~ ARTMENT.

Sir,

With reference to your letter No.6113 dated the 26th December 1907, I have the honor to remark that the objections referred to could only be advanced by one who is not acquainted with facts and argues from a very narrow standpoint. It is absurd to make the pay of Assistant Commissioners the standard of the Public Health Department which is a special technical Department. In the D.P.W., the Geological, the Electrical and other technical Departments, the pay of officers has not been regulated with reference to the Revenue Department and is, as a matter of fact, even more liberal than in the Public Health Department. I do not therefore see why men in the Public Health Department, with more technical and costly training, and entrusted with work more arduous and risky, should be thus arbitrarily grouped with Assistant Commissioners as regards their pay.

The rates of pay now fixed for the officers of the Department are exceedingly moderate considering the

rket

Plague- Department.

K S
SD 29/2/08

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From,

LT.-COL. ~~JOHN SMYTH~~, M.D., I.M.S.,
Senior Surgeon and San. Commr.
with the Government of Mysore.

To

The Secretary to the Govt. of H. H. the
Maharaja of Mysore, Gen. & Rev. Depts.
Bangalore.

Dated.

Despatched. 29. 2. 08

Received.

General No. P. 3203

Enclosure No.

Submitting his views on the note
from the Financial Secretary
regarding Survey & of the offices
of the Dept of Public Health

market value of the men who, after graduating in Medicine, go on to study further the special subjects necessary for a qualification in Sanitary Science and the expenses of the voyage and stay in England, which are not always defrayed by Government. In fact the pay is inadequate comparing it with the risks run, entire absence of private practice and the knocking about which the work entails. Instances are not wanting of men with the necessary qualifications having declined to accept the appointment here on account of the meagreness of the pay now offered them. In the case of Dr. Pani who has been taken on in the Department, it must also be said that he would have had better pay, if he had continued in his appointment in Ceylon and the same remark may be made with reference to Dr. Krishna Rao, who was for some time officiating as Sanitary Commissioner in Travancore State.

There is yet another point to be borne in mind when assessing the pay of the Officers of the Public Health Department, Viz, that, when once the services of capable men are secured, their pay should be attractive enough to keep them on in the Department without their having to seek for better prospects elsewhere. This is an important point for consideration. The demand for men specially qualified in Sanitary Science is now so great elsewhere that the present men do not feel the pay now given to them adequate enough to make them adhere to the service permanently. I know this personally. The case is different in the Revenue Department, where the officers are not in demand elsewhere and the candidates seeking admission are so numerous as to necessitate or permit competitive examinations being held.

With reference to the comparison of the pay of the Public Health Department made with the pay of officers in the general Medical Service, it would be well to refer

to

to the views of the Government of India regarding the salaries of officers of the Public Health Department. The following is an extract from their recent letter to the local Governments: "This restriction (forbidding private practice) will necessitate the salaries of the Health Officers being fixed on a more liberal scale than would otherwise be required, but the advantage of securing the officers' whole time and undivided energies far outweighs the somewhat problematical economy that might be effected otherwise."

With regard to introducing fixed rates of pay as in the case of Assistant Surgeons and blending the two services into one, it is impossible for more reasons than one to agree with the Comptroller. The additional professional qualifications required of incumbents of the Public Health Department and the arduous and risky nature of their duties demand a more liberal scale of pay than in the Medical Department proper. Moreover, the qualifications required and the work in the 2 Departments are so different that the blending of the 2 sets of officers would tend to make both services inefficient as the officers of the one Department will have been so long out of touch with the work in the other that it would be undesirable, when a vacancy occurs, to entrust them with duties in the other.

I must admit that the prospects of the officers of the Department will come to a standstill when once the maximum pay of the appointment is attained. This is so even in the Medical and certain other Departments. The Public Health Service as proposed and sanctioned by Govt. now is, like the Medical, a graded service as under:-

District Sanitary Officer	.. ..	100 to 200
Divisional Sanitary Officer and Health Officer	.. ..	250 to 400
Deputy Sanitary Commissioner.	..	500 to 750

The increments are proposed every two years whereas

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whereas in the Educational Department where the work is less onerous and risky, the increases are given annually. The officers of one grade can get into the other only on vacancy as in the Medical Department; but in the Sanitary Department the appointments are really so few, that ordinarily speaking there will be less promotions available, and less often! The pay offered for the District Sanitary Officer is too low to attract the right sort of men, and unless the men with necessary Medical qualifications are selected, and given the special training required, at State cost, it will probably be impossible to secure ~~the~~ the number of men required at the pay now offered, even if we wait a year or two. Even in this case, men who would take the trouble to acquire a D.P.H. in England would not care to accept or stick on in the appointment on Rs.100to 200. It would therefore be advisable to raise the minimum ray of the District Sanitary Officers from Rs.100 to 200 and the maximum to Rs.350 which is reached by biennial increments of Rs. 50. The extra cost involved may be met by abolishing the appointments of Divisional Sanitary Officers who would not be required, when better class of District Sanitary Officers are employed. This could therefore be done without extra cost, and the arrangement may mean a small saving in travelling allowance and establishment charges. But where District Sanitary Officers of the right sort are not employed, Divisional Sanitary Officers ought to continue.

As regards the pay of the Deputy Sanitary Commissioner it should be remembered that the Deputy here has more work and responsibility than elsewhere, as the Sanitary Commissioner is Ex- officio. Besides, I would invite your attention to the fact that, in the original Health Scheme made out by Cols. King and Benson, it was proposed to appoint a Personal Assistant to the Sanitary Commissioner, who was required to assist him in office work and

and be in charge of the Public Health Laboratory as well. It was understood that the late Mr.Choksi should after qualifying in Public Health,be the Deputy Sanitary Commissioner and Mr.Palpu, Personal Assistant to the Sanitary Commissioner, with an allowance of Rs. 300 and 200 respectively in addition to their grade pay,- the former for being ex-officio Inspector of Vaccination and the latter for being in charge of the Public Health Laboratory. The duties of the two appointments are combined in one, though the allowance recommended has not been sanctioned. Not only so, even the allowances the Deputy was formerly drawing as Personal Assistant to the Sanitary Commissioner have been stopped,though he is actually doing the duties as before in addition to those of the Deputy. The justification for this may perhaps be supposed to lie in the fact that as Assistant Surgeon Mr. Palpu was only drawing a small pay; but I have in my letter No.*G.1069* dated *19-6-*1907, while recommending his appointment as Deputy said that but for a mistake made about his grade his present pay should have been Rs.500/- or over as a matter of course, *and that in a local a executive appointment* and this is a statement in which three of my predecessors in office have agreed. Not only *have* the two appointments ~~have~~ been combined into one, but additional duties are also being added on in connection with the Health Museum, the Sanitary training classes &c. The question becomes, therefore, not whether the pay of the appointment is high but whether it is adequate enough for the heavy work and the responsibilities involved.

Lastly, in regard to the funds for meeting expenditure on sanitary schemes, the provision for sanitary works hitherto being made in the D.P.W.,the L.F. and Municipal Budgets should be separated to form part of the Budget of the Public Health Department, and to be supplemented by such grants from Provincial Funds as the Government may be able to allot every year. The establishment, travelling and other charges of the new Department are

are contemplated to be met out of Provincial grants in lieu of special allotments hitherto being made for plague prevention, as the new Department is to take the place of temporary plague and other establishments employed from time to time on Disease Prevention. When full time District Officers of the new Department are entertained, their travelling allowance may, to a large extent, be met out of the provision now existing in the Medical Budget to meet such charges incurred by the District Medical and Sanitary Officers in connection with journeys undertaken on purely sanitary duties. If the available funds under these heads be found insufficient, Government ought to be able to allot funds for the efficient working of a Department that directly concerns itself with the wellbeing of the people.

I have the honor to be,

Sir,

Your most obedient servant,

H. Drake Brockman

F.R.C.S.E &c.,
Major, I .S.,
Sanitary Commissioner to Mysore Govt